

# JOINT PORT LABOR RELATIONS COMMITTEE

LOS ANGELES AND LONG BEACH HARBORS

P.O. BOX 21618

LONG BEACH, CA 90801

To: Dr. James Deutsch

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Authorization for Release of  
Medical Records to Medical Specialist

You are hereby authorized and directed to allow Dr. James Deutsch, the medical specialist designated by the Joint Port Labor Relations Committee (JPLRC) of the ILWU-PMA, whose office is located at 2382 Crenshaw Boulevard, #5, Torrance, California 90501, and/or its representatives to examine and copy the complete medical records of the above patient in your files concerning

\_\_\_\_\_  
(impairment and/or disability)

This includes all billing records, x-rays and reports, history, laboratory findings, hospital admission and discharge reports, treatment records, diagnosis and prognosis records, notes of any medical providers (i.e., doctors, nurses, assistants and/or technicians), and all medical reports.

This authorization shall remain valid during the pendency of my request for workplace accommodations in connection with the above described medical condition.

A photocopy of this authorization may be accepted in place of the original. By signing this authorization, I acknowledge that I have received a copy thereof.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
City, State Zip

TO THE PATIENT: By law, you have a right to receive a copy of this authorization.

For office use only:

Date received by JPLRC:

Copy provided to employee:

Copy sent to medical specialist:

Initials: