

**Medical Insurance Information & Revocation of Health
Information Release to Employer**

I. Insurance Coverage Not Through Workers' Compensation

To Whom It May Concern:

I, _____, am an employee with _____ Railway Company.

As a railroad employee, I am **NOT covered by workers' compensation**; rather on-duty injuries for railroad employees are governed by the Federal Employer's Liability Act ("FELA") under 45 U.S.C. §§ 51, *et seq.*

My **medical bills** are paid through my employee **group health insurance policy**; there is no workers' compensation coverage.

You are not required to get my employer's authorization for my medical treatment.

Date: _____ Signed: _____

Print name: _____

II. I Do Not Authorize the Release of My Health Information to My Employer

To Whom It May Concern:

I, _____, **do not authorize** my health care provider, _____, to release any of my health information to my employer, _____ Railway Company. In other words, I **affirmatively instruct** my above-named health care provider **not to release** any of my health information to my employer.

I hereby **revoke any past authorizations** for the release of my health information to my employer.

I also instruct my health care provider to contact me immediately if any person affiliated with Union Pacific requests my health information.

These instructions remain in effect indefinitely, unless I authorize a release of records to my employer in writing and pursuant to HIPPA under 45 CFR Parts 160 and 164.