



Exposure and Medical Records

Public Safety Department
Environmental, Health and Safety (EHS) Division
Standard Operating Procedure (SOP) #29

Lafayette College Exposure and Medical Records Program

Public Safety Department – Environmental, Health and Safety (EHS) Division

Standard Operation Procedure (SOP) #29 – Revised October 2012

I. Purpose

The purpose of this standard operating procedure (SOP) is to provide our employees and their designated representatives a right of access to relevant exposure and medical records. This SOP pertains to employees exposed to toxic substances or harmful physical agents.

II. Referenced Documents

1. Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1020 Access to Employee Exposure and Medical Records.
2. OSHA 29 CFR Appendix A and B.

III. Responsibilities

A. Public Safety

1. Maintain exposure records for employees.
2. Provide relevant exposure records to employee/designated representative upon request.
3. Ensure completion of the authorization letter for the release of exposure information.
4. Inform appropriate employees initially and annually of the:
 - a. existence of these records
 - b. location of these records
 - c. availability of these records
 - d. person(s) responsible for maintaining and providing access to these records
 - e. rights of access to these records

B. Bailey Health Center

1. Maintain medical records for employees.
2. Provide relevant medical records to employee/designated representative upon request.
3. Ensure completion of the authorization letter for the release of medical information.

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LAFAYETTE COLLEGE

Public Safety

Date: September 1, 2011
To: All Employees
From: Jeff Troxell, Assistant Director of Public Safety
Subject: Access to Employee Exposure and Medical Records (Annual Notification)
Occupational Safety and Health Administration Standard 29 CFR 1910.1020

According to OSHA's standard on Access to Employee Exposure and Medical Records you may access your exposure records that show the measuring or monitoring of your own exposure to a toxic substance or harmful physical agent. Examples of these records include:

- Monitoring results of workplace air or measurements of toxic substances or harmful physical agents in the workplace
- Biological monitoring results, such as blood and urine test results
- Material safety data sheets (MSDSs)

You may also access your medical records concerning your health status that were created or maintained by a physician, nurse, health care professional, or technician. Examples of these records include:

- Medical and employment questionnaires or histories
- Results of medical examinations and laboratory tests
- Medical opinions, diagnoses, progress notes, and recommendations
- First-aid records
- Descriptions of treatments and prescriptions
- Employee medical complaints

You may contact Public Safety (5330) for access to your exposure records and the Bailey Health Center (5001) for access to your medical records.

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Authorization Letter for the Release of Employee Medical Record Information to a Designated Representative

I, _____, (full name of worker/patient) hereby authorize
_____ (individual or organization holding the medical records) to
release to _____ (individual or organization authorized to receive the medical
information), the following medical information from my personal medical records (describe generally the
information desired to be released):

I give my permission for this medical information to be used for the following purpose:

But I do not give permission for any other use or re-disclosure of this information.

Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

Full name of Employee or Legal Representative

Signature of Employee or Legal Representative

Date of Signature _____