Release Of Personal Health Information Under The Paid Family Leave Law (Form PFL-3) Instructions

• If an employee is requesting PFL to care for a family member with a serious health condition, the care recipient or an authorized representative must complete a Release Of Personal Health Information Under The Paid Family Leave Law (Form PFL-3) and submit it to their health care provider, along with a copy of the Health Care Provider Certification For Care Of Family Member With Serious Heal(45@0e)enly Member With Se Certification For ElFourity Member With Serious Heal(45@0e)enly Member With

RELEASE OF PERSONAL HEALTH INFORMATION BY THE HEALTH CARE PROVIDER FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION (to be completed by the care recipient or authorized representative and submitted to care recipient's health care provider with Form PFL-4)



Request For Paid Family Leave Release Of Personal Health Information

TO BE COMPLETED BY THE EMPLOYEE Employee's name (first name, middle initial, last name)						
Care recipient's (patient's) name (first name, middle initial, last name)			Care recipient's (patient's) date of birth (MM/DD/YYYY)			
Care recipient's (patient's) name						
		Employee's name				
	PFL insu	rance carrier's name				

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