

# ELECTRONIC RELEASE OF INFORMATION



sedgwick  
caring counts

Phone: (888) 931-3100 | Web: [mysedgwick.com/jpmc](https://mysedgwick.com/jpmc) | Fax: (855) 800-5116 | PO BOX 14648, Lexington, KY 40512

September 23, 2022

**RE: Claimant: Matthew Bobus**  
**Claim Number: 4A2209Q5MLX0001GI**

Sedgwick is a third party administrator for JPMorgan Chase & Co.. On 09/23/2022 22:25:44, Matthew Bobus created claim 4A2209Q5MLX0001GI through our Web platform, and electronically authorized the release of their medical information to Sedgwick. Please reference the attached document which was electronically authorized by Matthew Bobus.

## **Need Additional Help?**

If you have any questions, JPMorgan Chase Leave of Absence Service Center representatives are available Monday through Friday between 8:00 a.m. - 8:00 p.m. Eastern Time.

Thank you,

JPMorgan Chase Leave of Absence Service Center

# AUTHORIZATION TO SEEK CLARIFICATION OR AUTHENTICATION ON FMLA AND/OR STATE FMLA CERTIFICATION



In order to substantiate your leave request under the Family and Medical Leave Act (FMLA) and/or State FMLA, Sedgwick requires a health care provider certification ("FMLA Certification Form") to support your need for family and medical leave due to your own serious health condition or a family member's serious health condition. It is your responsibility to provide Sedgwick with a complete and sufficient certification. With your permission, once the certification has been submitted, the FMLA regulations allow Sedgwick, as the administrator of your employer's FMLA policy, to seek clarification from your health care provider if it is necessary to understand the meaning of a response or the handwriting on the medical certification.

I hereby authorize Sedgwick to make contact with my, or my family member's, health care provider for the purpose of seeking authentication of the document or clarification of the information contained in the document. This Release and Consent does not authorize the disclosure of: 1) the identification of past, present, or future physical or mental health, or conditions; 2) the diagnosis or treatment provided to me; 3) payment for the health care I received; or 4) genetic information. In addition, Sedgwick will not, nor does this Release and Consent authorize Sedgwick to, request information beyond that required by the FMLA Certification Form.

I understand, that I am responsible for signing any releases or authorizations required under the Health Insurance Portability and Accountability Act (HIPAA) or other laws which would authorize the health care provider to discuss my certification for leave and provide the clarifications requested.

I acknowledge that this authorization is voluntary, however if I choose not to provide Sedgwick with this authorization, and do not provide either a complete and sufficient certification form Sedgwick may deny the taking of FMLA leave.

I further understand that I have the right to revoke this authorization at any time by providing written notice to Sedgwick at the following address:

PO BOX 14648, Lexington, KY 40512

However, this authorization cannot be revoked if Sedgwick has taken action on this authorization prior to receiving written notice. I also understand that I have a right to have a copy of this authorization. This authorization is valid from the date of my signature below and shall expire one year from the date of this authorization.

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice [www.sedgwick.com](http://www.sedgwick.com).

Electronic Authorization Response: [Yes ] Initials:[MB ]

09/23/2022 22:25:44

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Employee Signature

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Date

**Employee Name: Matthew J Bobus Claim Number: 4A2209Q5MLX0001GI**