

 Clip out letter

Date: _____

Dear Doctor: _____,

My employer, Canada Post, has hired Manulife to enforce its corporate attendance program and return to work process. Manulife nurses, doctors, or their staff may attempt to contact you or your office to discuss my medical condition in direct conflict with my right to privacy.

In order to protect my medical privacy, please do not speak to or release any information to Canada Post, Manulife, or any other organization or individual seeking information on behalf of Canada Post.

Information concerning my medical condition or myself is not to be released unless I have given you written consent to do so.

In the event that Canada Post has valid requests for further information regarding my medical condition, I will provide the appropriate documents to you. This will allow me to be directly involved in all aspects of my return to work and medical recovery.

Please ensure that this letter is placed on my medical file so that other medical personnel in your office are aware of my instructions.

I thank you for your attention to this matter.

Sincerely,

Signature

Print Name: _____

Address: _____

Doctor's Signature

Print Doctor's Name: _____

Doctor's Address: _____

**Please ask the doctor to sign that they have read this document, understand it and will adhere to it.
Keep a photocopy for yourself.**