

### Authorization to Release Medical Records

#### Section A: Individual for whom medical records are being requested

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Previous Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Daytime telephone number(s): \_\_\_\_\_

#### Section B: Person or organization from whom medical records are requested

Hospital/Agency/Clinic/Physician: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Section C: Information to be disclosed from DATE (or RANGE of DATES)

Date(s): \_\_\_\_\_

Check information needed:

<input type="checkbox"/> History and Physical	<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Social History
<input type="checkbox"/> Physician's Discharge Summary	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Behavior Plans
<input type="checkbox"/> Diagnostic Test Reports	<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Other (explain) _____

#### Section D: Purpose of Disclosure. Check reason(s) for the release of medical information. To determine eligibility or program requirements for:

Accommodation Request       Other (explain): \_\_\_\_\_

#### Section E: Signature (This consent is valid for 120 days from the date signed.)

(A) The Accessibility and Accommodations Division may provide specific information about my job position including the essential functions and specific requirements.  
(B) All information obtained from employee medical examinations and inquiries will be job-related and consistent with business necessity.  
(C) All information obtained will be maintained and used in accordance with the Americans with Disabilities Act Amendments Act (ADAAA) or other applicable State and Federal civil rights laws<sup>1</sup>.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Authority to represent individual:  Parent     Guardian     Authorized Representative

<sup>1</sup> The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information with responding to this request for medical information. 'Genetic information,' as defined by GINA includes family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or family member sought or received genetic services, and genetic information of a fetus carried by an individual or family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.