AUTHORIZATION FOR RELEASE OF HEALTHCARE INFORMATION

To support my recent request for reasonable accommodation under the Americans with Disabilities Act (ADA) and to facilitate the interactive process:

1. I give University of Virginia (UVA), Employee Relations/ADA Coordinator permission to submit healthcare information request documentation to my physician/healthcare professional to verify my disability and the need for disability-related accommodations. Specifically, I authorize the following medical/healthcare professionals:

To disclose to UVA Employee Relations/ADA Coordinator (including any person authorized by my employer to handle medical information for ADA purposes), information concerning my physical or mental condition that is necessary to establish that I have a disability as defined by the ADA and to determine whether reasonable accommodations can be made. I also authorize UVA Employee Relations/ADA Coordinator to speak to the above-named physicians/healthcare professionals directly in regards to any questions they may have with respect to my condition and the need for disability-related accommodations.

I understand the disability-related accommodation process is interactive, requires communication between parties, and my active participation as necessary to facilitate the provision of reasonable accommodations.

I authorize the above disclosures, and understand that my failure to permit these disclosures and or participate in the interactive process may result in my request for accommodation being denied due to lack of sufficient information.

Employee Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit this form to *(Employee Relations Consultant Name*) (Email)