Authorization for Release of Healthcare Information

To support my recent request for reasonable workplace accommodation under the Americans with Disabilities Act (ADA) and Section 504:

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

**Name of medical/healthcare professional**:

**Name of medical/healthcare professional**:

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 and/or mental condition that is necessary to establish that I have a disability as defined by the ADA and Section 504, as well as to suggest appropriate reasonable accommodations. I also authorize UVA Employee Relations/ADA Coordinator to speak to the above-named medical/healthcare professionals directly in regards to any questions they may have with respect to my physical and/or mental condition as it directly relates to my request for disability-related accommodations.

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

I authorize the above disclosures and understand that my failure to permit these disclosures and/or to participate in the interactive process may result in my request for reasonable accommodations being denied.

**Employee Name, please print**:

**Employee’s Signature**:

**Date of signature**:        
  
Submit this form to Employee Relations Consultant’s Name at Employee Relations Consultant’s Email