



**Professional Standards Section  
Office of Intergovernmental Affairs and Professional Standards**

**AUTHORIZATION FOR RELEASE OF  
HEALTH INFORMATION**

I, \_\_\_\_\_ HEREBY AUTHORIZE Broward County Risk Management Division, Employee Assistance Program, Human Resources Benefits Section; and any licensed physician, other licensed practitioner, hospital, clinic, other medically related facility and the following Healthcare Provider

Name of Healthcare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

release medical information pertinent to my reasonable accommodation request which I have submitted to Office of Intergovernmental Affairs and Professional Standards (OIAPS), including but not limited to, the attached Physician ADA Questionnaire to: the Broward County Office of Intergovernmental Affairs and Professional Standards;

You are hereby expressly authorized to release and furnish to the Broward County OIAPS the above requested information to be used solely for the purpose of evaluating my request for a reasonable accommodation under the Americans with Disabilities Act of 1990, as amended. (ADA). This authorization shall be valid for a period of 180 days after the date of my signature or earlier if revoked by me in writing to OIAPS, 115 South Andrews Ave., Room 427, Ft. Lauderdale, FL 33315.

I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information requested is not released, my reasonable accommodation may be denied.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Date of Birth

*(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 an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.) (75 Fed. Reg. 68934)*