



Professional Standards/Human Rights Section

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I, \_\_\_\_\_ HEREBY AUTHORIZE Broward County Risk Management Division, the Broward County Professional Standards/Human Rights Section, Employee Assistance Program, Human Resources Benefits Section, 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: \_\_\_\_\_

to release and receive medical information pertinent to my reasonable accommodation request which I have submitted to the Professional Standards/Human Rights Section, including but not limited to, the attached Physician ADA Questionnaire to: the Broward County Professional Standards/Human Rights Section;

You are hereby expressly authorized to release and furnish to the Broward County Professional Standards/Human Rights Section the above requested information. 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 the Broward County Professional Standards/Human Rights Section, 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

\_\_\_\_\_  
Employee Representative Name

\_\_\_\_\_  
Employee Representative Signature

\_\_\_\_\_  
Date

*(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)*