

COLORADO STATE UNIVERSITY
AUTHORIZATION FOR USE, DISCLOSURE OR RELEASE OF PROTECTED
HEALTH INFORMATION AND MEDICAL RECORDS FOR EVALUATION UNDER
THE AMERICANS WITH DISABILITIES ACT

I hereby request and authorize the use, disclosure and/or release to Colorado State University's Office of Equal Opportunity (OEO) and its employees, of medical records or other protected health information as described below for the purpose of being evaluated under the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA):

Employee's Name: _____ DOB: _____

Employee's Home Address: _____
(street) (city) (state) (zip)

Employee's Home Phone #: _____ Employee's Work Phone #: _____

Health Care Provider's Name: _____

Health Care Provider's Phone #: _____ Health Care Provider's Fax #: _____

Health Care Provider's Address: _____
(street) (city) (state) (zip)

Identify the OEO Representative who is to receive the medical records or other medical information: _____

Describe specifically what medical records or other health information may be used or released (may state "entire medical record"): _____

Unless the "No" box is marked, this authorization extends to such psychiatric, mental health, and drug and alcohol abuse treatment information, if any, as may be contained in said medical record. This release permits re-disclosure in accordance with 42 C.F.R., Part 2, which is a federal regulation governing release and use of medical information pertaining to treatment for alcohol or drug abuse. **NO**

Unless the "No" box is marked, this authorization extends to information regarding communicable diseases, including human immunodeficiency virus (HIV), and AIDS related complex (ARC) and acquired immunodeficiency syndrome (AIDS), if contained in said medical record. **NO**

I understand that upon release and disclosure of the protected medical records and information, the records and information may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.

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.

I understand that I may revoke this authorization in writing at any time by mailing or delivering a written revocation to the above named OEO Representative. The revocation will be effective upon receipt by the University, except to the extent that the University has taken action in reliance on this authorization. I further understand that, this authorization will expire as follows: (1) sixty (60) days from the Signature Date for all records except mental health records, and (2) one hundred eighty (180) days from the Signature Date for mental health records, unless I specify a different expiration date or event here: _____ . After the expiration date, this authorization will no longer be effective, and no further information will be furnished pursuant to it. A photocopy of the signed original of this document is to be given the same force and effect as the original.

Signed: _____
Employee

Date