CONSENT TO RELEASE MEDICAL RECORDS AND MEDICAL INFORMATION

Employee: ____________________

Birth date: ____________________ Social Security No. ____________________

To: ________________________ (health care provider)

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations, 45 C.F.R. § 164.508, the above-named health care provider is hereby authorized to release to Independent School District No. 181 the following **medical records and to obtain/exchange the following information regarding the above-named individual:**

- _X_ Medical Diagnosis and symptoms as they relate to essential job functions
- _X_ Recommended Accommodations
- _X_ Environmental needs
- _X_ Expected duration of accommodations
- _X_ Cautions, concerns, etc.
- _X_ Medical records relating to medical conditions/diagnoses

This authorization specifically allows Independent School District No. 181 to contact the above-named health care provider. The purpose of this authorization and request is to obtain medical records and information needed in order to determine if the individual is able to perform essential job functions with/without accommodations. This authorization expires one (1) year from the date of the patient's signature.

The above referenced patient has the right to revoke this authorization in writing by providing a signed, written notice of revocation to the above-named healthcare provider and Independent School District No. 181.

The above-named healthcare provider may not condition treatment or payment on whether the above-listed patient executes this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

Signature: ________________________________ Date: ____________________

*A photocopy of this Authorization acts the same as the original. Upon receipt of the release, Independent School District No. 181 will contact your physician.