

**AUTHORIZATION FOR THE RELEASE OF MEDICAL  
INFORMATION PURSUANT TO THE REQUEST FOR REASONABLE ACCOMMODATION**

NAME OF LICENSED PHYSICIAN OR PRACTITIONER

PHYSICIAN PHONE (Optional)

NAME OF OFFICE, CLINIC, HOSPITAL, etc.

MEDICAL NUMBER

OFFICE, CLINIC, HOSPITAL STREET ADDRESS

CITY

STATE ZIP CODE

**TO: Any licensed physician, other licensed practitioner, hospital, clinic or other medically related facility, or United States Veterans Administration that are in the possession of medical records pertaining to:**

Last Name

First Name

Middle Initial

NAME OF EMPLOYEE:

**I have requested that my employer, the Department of General Services, grant me reasonable accommodation due to my diagnosed physical or mental impairment of:**

I authorize you to copy and transmit to the Reasonable Accommodation Coordinator of the Department of General Services records concerning the above-referenced impairment and to answer any questions related to this condition. A copy of my request for reasonable accommodation is attached to this release.

The 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 Reasonable Accommodation Coordinator.

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

The Genetic Information Nondiscrimination Act ("GINA") prohibits employers from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information, which includes:

- 1) family medical history
- 2) any request for, receipt of or results of the employee or family member's genetic tests, counseling or services, and
- 3) 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.

EMPLOYEE SIGNATURE

WORK PHONE NUMBER

DATE

## **Department of General Services Privacy Notice on Information Collection**

This notice is provided pursuant to the Information Practices Act of 1977, California Civil Code Sections 1798.17 & 1798.24 and the Federal Privacy Act (Public Law 93-579).

The Department of General Services (DGS), Office of Human Resources, is requesting the information specified on this form pursuant to Code of Federal Regulations section 1630.14.

The principal purpose for requesting this data is for employee physician to release medical information in order to provide reasonable accommodation at the worksite. The information provided will/may be disclosed to a person, or to another agency where the transfer is necessary for the transferee agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is accounted for in accordance with Section 1798.25.

Individuals should not provide personal information that is not requested.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested to DGS, or if the information provided is deemed incomplete or unreadable, this may result in the inability to provide reasonable accommodation.

### **Department Privacy Policy**

The information collected by DGS is subject to the limitations in the Information Practices Act of 1977 and state policy ([see State Administrative Manual 5310-5310.7](#)). For more information on how we care for your personal information, please read the [DGS Privacy Policy](#).

### **Access to Your Information**

DGS Office of Human Resources is responsible for maintaining collected records and retaining them for 5 years. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

**DGS Office of Human Resources**  
**707 3<sup>rd</sup> Street, West Sacramento, CA 95605**  
**(916) 376-5400**