

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

NAME OF LICENSED PHYSICIAN OR PRACTITIONER	PHYSICIAN OR PRACTITIONER 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 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 physical or mental impairment, which limits one or more major life activities, and cause the following workplace limitations, restrictions and/or barriers (do not provide diagnosis):

I authorize you to copy and transmit to the Department of General Services' Office of Human Resources records concerning the above-referenced workplace limitations, restrictions and/or barriers (do not provide diagnosis).

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 Department of General Services' Office of Human Resources.

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 reasonable accommodation may be denied.

The Genetic Information Nondiscrimination Act (GINA) prohibits employers 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 do not provide any genetic information when responding to requests 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.

EMPLOYEE SIGNATURE	WORK PHONE NUMBER	DATE
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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 this 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 to maintaining collected records and retaining them for five (5) years. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

Department of General Services
Office of Human Resources
707 3rd Street, Suite 7-130
West Sacramento, CA 95605
(916) 376-5400