

AUTHORIZATION TO RELEASE MEDICAL RECORDS AND INFORMATION

For use of this form, see Standard Operating Procedure (SOP) for Reasonable Accommodations for Individuals with Disabilities, Dated 16 May 2011; the proponent agency is CEEO.

PRIVACY ACT STATEMENT

The information you provide is covered by the Privacy Act of 1974, Title 5, U.S.C. 552a.

AUTHORITY: Collection of this information is authorized by Section 504 of the Rehabilitation Act of 1973, as amended 29 U.S.C. 794.

PRINCIPAL PURPOSE: Used for processing requests for reasonable accommodation by Department of the Army civilian employees and applicants for employment.

ROUTINE USES: Information will be used for support documentation and for review by appropriate agency personnel for requests for reasonable accommodation as defined in the USACE Reasonable Accommodation Request SOP.

DISCLOSURE: Voluntary, however, failure to complete all appropriate portions of the form may lead to a delay in processing and / or denial of requests for reasonable accommodation on the basis of inadequate data.

TO BE COMPLETED BY EMPLOYEE OR APPLICANT.

USACE is permitted to share my relevant medical information, as it relates to my request for reasonable accommodation, with any person involved in determining whether to grant my reasonable accommodation request. This includes, but is not limited to, any officers and employees of the Agency who have a need for the information in the performance of their duties, as provided in the USACE Standard Operating Procedure for Reasonable Accommodations for Individuals with Disabilities, i.e., supervisors, attorneys, human resources, and any medical provider, to assist in making a decision on my request. Officials accessing my information will be informed of the confidentiality requirements for handling my medical records and information.

I am signing this authorization so that the Agency will be able to properly analyze my request for reasonable accommodation. I understand that I have the right to revoke this authorization in writing and that my failure to sign this authorization may result in a denial and / or delay in the processing of my request for reasonable accommodation.

1a. EMPLOYEE AUTHORIZING RELEASE (*Last, First MI*)

b. DATE OF AUTHORIZATION
(YYYYMMDD)

c. EMPLOYEE'S SIGNATURE AUTHORIZING RELEASE