



Memorandum

Date: 2/24/2023

From:

Subject: Authorization for Disclosure of Protected Health Information

To: Reasonable Accommodation Coordinator / Specialist

I, _____, hereby authorize the disclosure of information from my health record to be provided to and used by the CDC Reasonable Accommodation Office/and or the CDC Physicians as it relates to my reasonable accommodation request. The purpose of or need for this disclosure is to determine the existence of a disability and the necessity for an accommodation. I understand only information related to information that describes the nature, severity, and duration of the impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits the ability to perform the activity or activities; and substantiates why the requested reasonable accommodation is needed. I understand this information obtained will remain confidential and may be shared with appropriate management officials only to the extent necessary for appropriate work restrictions and/or provide work accommodations that will assist in performing my job functions. Relevant information may also be shared with personnel who may provide first aid and emergency treatment, and government officials investigating compliance with the Rehabilitation Act of 1973, as amended; and the Americans with Disabilities Act Amendments Act of 2008 by law.

Physician(s) Information:

Name and Title

Address _____

Telephone Number _____

Fax Number _____

Acknowledgement of Memorandum

Signature of Employee

Date

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 test, 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.

Privacy Act Statement

Executive Order 13164 and 5 CFR 339 authorizes the collection of the information on this form. Furnishing the information on this form is voluntary. The data will be used to process requests for reasonable accommodation and to analyze information contained in the form as it applies to CDC/ATSDR employees and applicants with disabilities requiring a reasonable accommodation. Data may be disclosed to the Personnel Generalist, Human Resources Management Office, the Supervisor or appropriate Management Official; or the Reasonable Accommodation Coordinator. An accounting of the disclosures will be made available to you upon request.