



Authorization for Disclosure and Release of Medical Information Form

As required by Connecticut law, CCSU Human Resources may not use or disclose your individually identifiable information without your authorization. Your completion of this form means that you are giving permission for the use(s) and disclosure described below.

I, _____ residing at _____ in the town/city of _____
in the state of _____ whose date of birth is _____, do hereby authorize my health
care professional _____ located at _____
in the town/city of _____ in the state of _____ zip code _____

to release medical information pertinent to the reasonable employment accommodation I requested to:

**CCSU Human Resources 1615 Stanley Street, Davidson Hall Room 201
New Britain, Connecticut 06050 Phone (860) 832-1756 Fax (860) 832-2342**

I authorize you to release to CCSU Human Resources information to be used solely for the purposes of evaluating my request for a reasonable employment accommodation. The information being requested relates only to any condition that affects my ability to perform my essential job functions or restricts my ability to receive full and equal opportunity in employment activities. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other covered 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, do not provide any genetic information when responding to this request for medical information.

Initial _____

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 CCSU Human Resources.

Initial _____

Acknowledgement

I understand that CCSU Human Resources may not use or disclose my medical information except for the expressed purposes identified above, unless such use or disclosure is specifically required or permitted by law. I further understand that once this information is disclosed pursuant to this Authorization, it is no longer protected by CCSU Human Resources privacy policies, and may possibly be re-disclosed by the recipient. I hereby acknowledge that I have been informed of my right to receive a copy of this Authorization request. I further acknowledge that I have the right to refuse to sign this Authorization. I acknowledge that I may revoke this Authorization in writing at any time. I understand that if I revoke this Authorization, the information described may no longer be used or disclosed for the purposes described within this Authorization. To revoke this Authorization, a written request must be sent to: **CCSU Human Resources 1615 Stanley Street, Davidson Hall Room 201 New Britain Connecticut 06050.**

My signature below indicates that I have read and understand this Authorization and its terms.

Signature

Date