



**City of Eugene  
Human Resources  
Authorization to Use and Disclose Protected Health Information**

**Authorization to Use and Disclose Protected Health Information**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(First and Last Name) (Name of Healthcare Provider)

who may be contacted at \_\_\_\_\_  
(Phone and Fax Number)

to use and disclose specified health information described below about me. This release specifically includes, but is not limited to, permitting disclosure of the health information sought in the medical inquiry form in response to an accommodation request.

The healthcare information to be used and disclosed consists of:

- a) All information related to my fitness to perform my job for my employer, including any physical restrictions or limitations,
- b) Information about my prognosis with respect to any such physical limitations,
- c) Information about what accommodations might be made to enable me to perform the essential functions of the position; and
- d) All information related to determining the existence of a disability covered by the Americans with Disabilities Act (“ADA”) and the ADA Amendments Act (“ADAAA”) and the necessity for an accommodation.

The healthcare information specified above is to be disclosed to City of Eugene Human Resources. By my signature below, I give the above named healthcare provider permission to communicate with City of Eugene Human Resources staff in writing or orally, about the healthcare information specified above, and to release any progress notes, diagnostic reports, and other medical reports about the healthcare information specified above.

The disclosure is for the purpose of enabling my employer to determine whether I am physically able to perform my job, whether there are any physical limitations that prevent me from performing all of my assigned job duties, whether I am disabled within the meaning of the Americans with Disabilities Act and the ADA Amendments Act, and if so, whether there are any reasonable accommodations that would enable me to perform the job.

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information and such disclosure is allowed by applicable law.

- HIV/AIDS information
- Mental health information
- Genetic testing information<sup>1</sup>
- Drug/alcohol diagnosis, treatment or referral information

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict disclosure or redisclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment or referral information.

I understand that the City will maintain the confidentiality of all medical information collected by this release in accordance with applicable confidentiality requirements.

I understand that I may revoke this authorization in writing at any time by notifying my employer, City of Eugene Human Resources Division. I understand that the revocation is only effective after it is received and logged by my employer. I understand that any use or disclosure made effective prior to the revocation under this authorization will not be affected by a revocation.

A photocopy of this release shall have the same effect as the original.

I have read this authorization and I understand it. Unless revoked, this authorization expires [180 days from the date of signature below].

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Employee Signature

Date

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<sup>i</sup> 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 tests, the fact at 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.