Medical Authorization For Use and Disclosure of Health Information



MEDICAL/HEALTHCARE INFORMATION RELEASE FORM

l,	······································
(Patient Name)	(Date of Birth)
hereby authorize and direct	to
(Me	dical Provider or Facility)
•	Resource Services, any information in their possession relevant to the purpose of evaluating my request for accommodation.
· · · · · · · · · · · · · · · · · · ·	accepted as if it were a signed original and is valid from the date of of my request for accommodation of this condition.
release my medical provider	from any liability associated with
District, HRS office cannot properly evaluate my req	ealthcare information. I understand that the Salt Lake City School quest for accommodation unless I sign this release and that any ntially be subject to re-disclosure by the recipient and no longer
I understand that I can revoke this release in writing	at any time by sending a written revocation of authorization to:
Compliance 440 Ea Salt However, I understand that my revocation will not be	e City School District, HRS ADA/FMLA/LEAVE Specialist ast 100 South, Room 120 Lake City, Utah 84111 e effective to the extent that action has been taken in release. By information, understand it, and am in agreement with the
(Signature)	(Date)
	ur medical provider or treatment facility. If you would like the print and complete a Medical Release Form for each provider:
Medical Provider's Name:	
Address:	
Telephone:	
Email:	
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e I Human Resource Services rev. 11/05/2019 by: Li

440 East 100 South, Salt Lake City, Utah 84111 | www.slcschools.org | Phone: 801.578.8340 | Fax: 801.578.8598

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United States Code, including scouting groups. The following person has been designated to Rights, Denver, CO, (303) 844-569 Shandle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Tina Hatch, Compliance and Investigations, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights.