



ROCKY MOUNT, NC
THE CENTER OF IT ALL

**CITY OF ROCKY MOUNT
AUTHORIZATION FOR LIMITED RELEASE OF MEDICAL
INFORMATION**

I, _____, authorize the Nurse for the City of Rocky Mount to receive medical records and to discuss my medical condition on behalf of the City of Rocky with the following care provider: (Please provide the full name, address, and telephone numbers for all applicable providers)

1. _____

2. _____

3. _____

The forgoing records and medical information are limited to that information which the City needs to know to assess my reasonable accommodation request.

I understand this is the City of Rocky Mount's attempt to obtain the following medical information as indicated by initialing the following reason(s):

- ___ Confirmations that my medical condition is a disability under the Rehabilitation Act;
- ___ The functional limitation(s) or work-related restrictions associated with the stated disability;
- ___ Why the requested reasonable accommodation is needed;
- ___ Clarification of medical information previously submitted to the City;
- ___ Recommendations regarding alternative accommodations.

The City of Rocky Mount will only request medical information that is directly related to the aforementioned.

I understand that the information that is collected and discussed is to be treated with confidentiality. However, directly relevant information may be shared with supervisors/managers; other who need to know to address work restrictions and/or accommodations; or with those responsible for emergency treatment; and/or the City of Rocky Mount's ADA Coordinator and other City administration involved in order to make decisions, or provide advice on matters relating to my request for reasonable accommodation.

The release terminates 90 days after the date of the signature below.

Employee/Applicant Signature

Date

The Privacy Act of 1974, 5 USC § 552a, authorizes collection of this information. The purpose of this information is to process reasonable accommodation request(s). Completion of this form is not mandatory; however, failure to provide the information may result in your reasonable accommodation request not being processed. Under 29 CFR § 1630.14 additional disclosures of this information may include: (1) Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations; (2) First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and (3) Government officials investigating compliance with this part shall be provided relevant information on request.