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UNIVERSITY of MARYLAND BALTIMORE

HR/Employee Labor Relations:
620 West Lexington Street, 3rd Floor
Baltimore, MD 21201
410 706 7302

REVISED 06/16/2021- UNIVERSITY OF MARYLAND, BALTIMORE
Human Resources (HR) / Employee and Labor Relations (ELR)
Authorization for Disclosure of Health Information

Employee Name: _____
Employee Address: _____
_____
_____
Employee Phone Number: _____

The undersigned do hereby consent and authorize any health care providers, including but not limited to physicians, psychologists, psychiatrists, or social workers who have treated me and hospitals in which I have been a patient, to disclose any and all information from my health care records including my mental health/psychiatric care records relating to my diagnosis, prognosis, or treatment to the following individual at HR/ELR:

Sheila Blackshear
620 W. Lexington St., 3rd floor
Baltimore, MD 21201
410-706-7302 (direct) or 410-706-0169 (fax)

(HR / ELR Representative name, address & phone number)

Information to disclose includes treatment for any drug, alcohol abuse, physical and mental conditions, as relevant to my functional abilities and limitations. _____
(Employee's initials)

The purpose of this disclosure is to allow my health care providers to provide all medical information that is specifically related and necessary to determine whether I have a disability and whether accommodations can be made.

I understand the protected health information to be disclosed pursuant to this Authorization may be subject to reb disclosure to individuals or organizations not subject to Health Insurance Portability and Accountability Act (HIPPA) and, therefore, may no longer be protected by HIPAA.

The Genetic Nondiscrimination Act of 2008 (GINA), Title II, restricts employers from requesting, or requiring, genetic information of an individual or family member of the individual, and strictly limits an employer from disclosing genetic information.

To comply with this law, I understand that HR/ELR specifically is **not** asking my health care provider to provide any genetic information when responding to this

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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 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.

Health Care Provider Information
Name:_____
Address: _____
_____
_____
Phone Number: _____

This Authorization may be revoked upon written notification by the employee at any time, to the provider. A photocopy of this Authorization shall be considered as valid and acceptable as the original. This Authorization expires one-year from the Authorization Date unless earlier revoked. Revocation will not be effective to the extent information has already been disclosed.

_____ _____
Employee Authorization Date

Revised 06/16/2021