Northwestern | OFFICE OF EQUITY

Authorization to Release Medical Information

Please print or type

Employee Name (First, M.I., Last)		Date of Birth	Date of Request	
Home Address	City		State	Zip Code

I, the above-named employee, give Northwestern University's Office of Equity permission to contact my doctor or healthcare provider:____. I understand the reason for this contact is to advise the University about my functional abilities and limitations in relation to my job functions. I understand that the University will provide my doctor or healthcare provider: ________________________________ with specific information about my job position, including the essential functions and specific requirements. All information obtained from employee medical examinations and inquiries will be job-related and consistent with business necessity. All information obtained will be maintained and used in accordance with the Americans with Disabilities Act of 1990 confidentiality requirements, and all other applicable laws.

This authorization to release medical information shall remain in effect for as long as an accommodation is in effect. However, I understand I have the right to revoke this authorization at any time, but my revocation must be submitted in writing and filed with Northwestern University's Office of Equity and my physician/primary healthcare provider. My decision to revoke this authorization will be effective immediately, except in the case that any provider referenced above already has relied on my authorization and released information.

Employee Signature	Date

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 employees or their family members. In order to comply with this law, we are asking that your healthcare provider refrain from including 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 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.

Contact information for the doctor or healthcare provider listed above:

Address:

Phone:
Fax:

Return completed form via mail, in person, e-mail, or via fax to the following:

Office of Equity
1800 Sherman Ave., Suite 4-500, Evanston, IL 60208
Phone: 847.467.6165 • Fax: 847.467.0698
accommodations@northwestern.edu