NATIONAL ARCHIVES

AUTHORIZATION TO PROVIDE LIMITED ACCESS TO MEDICAL INFORMATION

1. I, _____, hereby authorize

[Patient's Name]

_____

[Medical Provider's Name(s) & Employer, if applicable]

_____

to disclose medical information related to the following medical condition(s) or impairment(s):

_____

_____,

[Please write the specific condition(s) or impairment(s) on the two lines above]

to the National Archives and Records Administration (NARA) Office of Equal Employment Opportunity (NEEO), the Labor/Employee Relations & Benefits Branch (HPL), or any other staff as authorized in writing by me.

2. I authorize the review and assessment of my medical information accordingly, including by contractors of NARA. By signing this authorization, I knowingly and willfully waive the protections of the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 concerning the medical information specified herein for the purposes set forth above.

3. Upon presentation of this authorization, the guardian of the medical records described above may permit a NARA representative, with a need-to-know for the purposes stated above, to personally review medical information, supporting documentation/evidence, and may reproduce such records pursuant to 29 CFR 1630.14, Medical Examination and Inquiries Specifically Permitted. A photocopy of this authorization shall be considered as effective and valid in addition to the original signed authorization.

4. By signing this authorization I acknowledge that NARA offices with a need-to-know, and in receipt of medical information from either a third party provider or _____ , may share that information with other NARA offices having a need-to-know on the conditions stated in paragraph two above.

Patient's Printed Name	Patient's Signature	Date

PRIVACY ACT STATEMENT:

The information requested on this form is solicited under the authority of 44 U.S.C. 2104 and Executive Order 13164 that requires the collection of data that will allow measurement and evaluation of the efficiency and appropriateness of the actions taken by the National Archives and Records Administration in processing accommodation requests. Information from the data collection will become part of a System of Records that complies with the Privacy Act of 1974. This system of records is identified as "Reasonable Accommodation Request Records," NARA 44. The information may be disclosed to other Federal agencies, law enforcement authorities, in response to Congressional or other inquiries, the Department of Justice, NARA contractors, or used to notify you in the event of a data breach. Completion of this form is voluntary, but NARA may be unable to process your accommodation request without a completed form. Failure to complete this form will have no effect on any other benefits to which you may be entitled.

FOR AUTHORIZED USE ONLY. To be completed by an authorized NARA official.		
Received by (Name/Office code):	**Date Received:**	**File # (if applicable):**