

# CONSENT TO COMMUNICATE MEDICAL INFORMATION FOR ACCOMMODATION PURPOSES

## PURPOSE

The interactive process for reasonable accommodation is activated when employees present medical conditions that may impact the ability to work. Guidance for this process is available through the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA). Questions that require medical clarification develop when an employee's prognosis for being at work, staying at work, or performing the work are uncertain. Concern may also develop about the risk of further harm to an employee, or others, by returning to work and performing the work (what is referred to as "direct threat" under the ADA).

As the facilitator of the interactive process, Dr. Debra Dupree, and her designated consultants at Relationships at Work, Inc., assist the employer and employee in obtaining clear medical guidance so that informed decisions about readily achievable and effective accommodations are possible. Dr. Dupree and her associates are independent disability management consultants/mediators. Any reports received are not disclosed to the employer; only information as it pertains to functional limitations and their implications for reasonable accommodation process may be shared.

This Consent to exchange medical information is in alignment with the Confidentiality of Medical Information Act of 1981, Section 56, et seq., of the California Civil Code and the HIPAA Privacy Rule. Strict confidentiality of medical information is maintained and used only for the purpose of the reasonable accommodation process.

## A. CONSENT

I, (Name of Employee) \_\_\_\_\_ authorize (Name of Provider) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
to communicate with Dr. Dupree in response to correspondence provided. Dr. Dupree may be reached at Relationships at Work, Inc., 1515 Second Street, K-306, Coronado, CA 92118, Phone 619-417-9690, Fax 619-923-3611 or Email [dr.dupree@relationships-at-work.com](mailto:dr.dupree@relationships-at-work.com).

Here is my identifying information: Date of Birth \_\_\_\_\_ Onset of Medical Condition \_\_\_\_\_

Last four digits of SS#: \_\_\_\_\_ Employer \_\_\_\_\_

Claim # \_\_\_\_\_ (if applicable) Carrier \_\_\_\_\_

B. **I UNDERSTAND** that I have the right to limit the type of information to be released. By check mark below, the following information may be exchanged:

- Response to Dr. Dupree's correspondence and medical questionnaire
- Return to work status updates
- Maximum Medical Improvement (MMI) or Permanent and Stationary (P&S) Report (if Workers' Comp-related)
- Qualified Medical Examiner or/Agreed Medical Examiner report (if Workers' Comp-related)

**NOTE:** This consent does not include release of any and/or all medical reports of medical history, diagnosis, etc. It applies **ONLY** to information as it relates to the medical condition for which accommodation is being sought in the workplace.

## C. DURATION

This consent becomes effective immediately and shall remain in effect for up to one year from the date listed below.

## D. RESTRICTIONS

I understand that the recipient may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

## E. SIGNATURE

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_