



**RELATIONSHIPS AT WORK**  
YOUR PRESENCE MATTERS

**Dr. Debra Dupree**  
The MINDSET Doc

*The Interactive Process*

*Employees with Medical Conditions*

*Consent to Communicate Relevant Medical Information*

**PURPOSE:** The interactive process for reasonable accommodation is activated when employees present medical conditions that may impact one’s ability to be at work, stay at work, and perform the work. Guidance for this process is available through the **Americans with Disabilities Act (ADA)**, the **California Fair Employment and Housing Act (FEHA)** and the **Job Accommodation Network (JAN)**.

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 when returning | performing the work (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 achieved when possible. Dr. Dupree and her associates are independent disability management consultants | mediators. Information relevant to an employee’s functional limitations related to their medical condition may be shared with those engaged in the interactive process. Any medical reports and/or diagnoses received are not disclosed to the employer or any other party and remain confidential.

This “**Consent to Exchange**” medical information is in accordance 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 TO EXCHANGE by Employee:**

Employee: \_\_\_\_\_, Date of Birth: \_\_\_\_\_, last four digits of SS#: \_\_\_\_\_,

Employer: \_\_\_\_\_, CLAIM # \_\_\_\_\_ (if applicable), DOI: \_\_\_\_\_.

**B. AUTHORIZE:** \_\_\_\_\_ of \_\_\_\_\_ Phone #: \_\_\_\_\_,

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_ to communicate with Dr. Dupree.

**C. 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:

- Return to work status updates
- Maximum Medical Improvement (MMI) or Permanent and Stationary (P&S) Report (if Workers’ Comp-related) from PTP, PQME or AME.
- Response to Dr. Dupree’s correspondence and medical questionnaire

**NOTE:** This consent does not include release of any and/or all reports that detail medical history or diagnosis. Consent applies **ONLY** to information related to the medical condition requiring accommodation. **DURATION:** This consent becomes effective immediately and shall remain in effect for up to 90 days from the date listed below.

**D. LIMITATIONS:** 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. EMPLOYEE’S SIGNATURE:**

**F. SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_