

**HEALTH CARE PROVIDERS INFORMATION  
CONFIDENTIAL RECORDS STATEMENT  
AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

**INSTRUCTIONS FOR EMPLOYEE:** Complete patient information, health care provider information and sign authorization release below. Make additional copies of this form for each of your health care providers, if you have more than one provider.

Sign and date all forms and return to:

**Southern Illinois University Edwardsville  
Office of Equal Opportunity, Access and Title IX Coordination  
Campus Box 1025  
Edwardsville, Illinois 62026-1025  
Telephone: 618-650-2333  
Fax: 618-650-2270**

**SIUE EMPLOYEE/PATIENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HEALTH CARE PROVIDER INFORMATION**

Attending Health Care Provider's Name: \_\_\_\_\_

Attending Health Care Provider's Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

I have requested an accommodation from Southern Illinois University Edwardsville (SIUE) under The Americans with Disabilities Act (ADA) of 1990. I hereby authorize the ADA Coordinator for SIUE to communicate directly with the health care provider listed on this form, in order to obtain clarification of issues relating to the functional limitations for which I am seeking an accommodation. This authorization will automatically end within one year from the date I sign this form.

Employee/Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY NOTICE:** Medical-related information shall be kept confidential and maintained separate from other personnel records. However, supervisors and managers may be advised of information necessary to the determinations they are required to make in connection with a request for an accommodation. Safety and facilities personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.