

DEPARTMENT OF HEALTH AND HUMAN SERVICES
**AUTHORIZATION FOR THE RELEASE OF
MEDICAL INFORMATION**

*(Pursuant to The Privacy Act of 1974, 5 U.S.C. 552a, 29 Code of
Federal Regulations (CFR) 1910.1020, and 42 CFR Part 2)*

**NIH Occupational
Medical Service**
10 Center Dr. Rm 6C 310
Bethesda, MD 20892
PHONE: (301) 496-4411
FAX: (301) 402-0673

(The release of information about a patient who is treated or referred for treatment for alcohol or drug abuse, or the medical results of such abuse, is governed by the Confidentiality of Alcohol and Drug Abuse Patient Record Regulations, 42 CFR Part 2).

TO: TREATING MEDICAL CARE PROVIDER

NAME Dr. Sarah Owens		PHONE 673-339-1571
ADDRESS 109 Hill Knolls Apt. 228		FAX +1-609-555-7820
CITY West Brianmouth	STATE Arizona	ZIP 65645

You are hereby authorized to furnish information from the record of the individual named below which is in the record system of your facility, and release it to:

**Medical Director or Designate
Occupational Medical Service
National Institutes of Health**

1. NAME OF PATIENT (print or type) Justin Hale	2. AGENCY Department of Health & Human Services National Institutes of Health (HHS NIH)
3. PURPOSE OR NEED FOR THE DISCLOSURE REASONABLE ACCOMMODATION (RA)	4. SPECIFY EXTENT OF INFORMATION TO BE DISCLOSED FOR EACH PURPOSE OR NEED INDICATED, USE INCLUSIVE DATES FROM 2025-10-27 TO N/A

CONFIDENTIALITY PROVISION: Collection of this information is authorized by the Rehab Act, Americans with Disabilities Act (ADA) and the Privacy Act. The primary use of this information is for the NIH to process a requested RA. This information may be disclosed to relevant Office of Equity, Diversity and Inclusion (EDI) staff and the EDI designated RA Agency Medical Reviewing Authority. If an individual does not provide any or all of the requested information, their RA request may be administratively denied. The NIH may lawfully obtain relevant medical information and collect and maintain the information on separate forms and in separate medical files and treat it as a confidential medical record, except that: (i) supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations (ii) first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and (iii) government officials investigating Rehabilitation Act compliance shall be provided relevant information on request. (Rehab Act, ADA, Privacy Act, 29 CFR 1630, System Of Records Notice (SORN) 09-25-0099 (<https://www.federalregister.gov/documents/2002/09/26/02-23965/privacy-act-of-1974-annual-publication-of-systems-of-records>)).

Medical information will not be asked, nor should be provided about genetic tests, as defined in 29 CFR S 1635.3(f), genetic services, as defined in 29 CFR S 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 CFR S 1635.3(b).

This authorization is subject to revocation at any time except to the extent specified by the memorandum of understanding (MOU) with the EDI that authorized this service provided by Occupational Medical Service.

Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$ 5,000 (5 U.S.C 552a(i)(3)); in the case of alcohol and drug abuse patient records, a falsified authorization for disclosure is prohibited under 42 CFR 2.31 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.

5. PRINT NAME OF PATIENT Justin Hale	6. IF OTHER THAN SUBJECT, INDICATE RELATIONSHIP OR AUTHORITY N/A
7. SIGNATURE OF PATIENT Justin Hale	8. SIGNATURE OF PARENT/GUARDIAN/POWER OF ATTORNEY N/A
	9. DATE OF SIGNATURE 2025-10-27

The Occupational Medical Service will only utilize a signed "Authorization for Release of Medical Information" for a period of six months from date of signature.