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. Mary Carr		PHONE +1-790-310-5847
ADDRESS 3230 Kimberly Shoal Suite 191		FAX 345-523-1538
CITY Joshuaview	STATE Ohio	ZIP 23647

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) John Graham	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.

5. PRINT NAME OF PATIENT	6. IF OTHER THAN SUBJECT, INDICATE RELATIONSHIP OR AUTHORITY
John Graham	N/A
7. SIGNATURE OF PATIENT	8. SIGNATURE OF PARENT/GUARDIAN/POWER OF ATTORNEY
John Graham	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.