FLORIDA DEPARTMENT OF JUVENILE JUSTICE
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
IN REFERENCE TO THE AMERICANS WITH DISABILITIES ACT

By signing this form, the employee grants permission to the physician or health care provider listed below to release the referenced medical information to the authorized DJJ representative. This information is to be used only for determining reasonable accommodation(s), in accordance with the provisions of the Americans with Disability Act, for the named employee.

Date: _____

Employee's Name: _____

Employee's Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Employee's Business Telephone Number: _____ _____

Name of Physician or Health Care Provider: _____

Address of Physician or Health Care Provider _____

Telephone Number of Physician or Health Care Provider: _____ _____

I, _____, hereby authorize the above named physician or health care provider to release the following information to the authorized representative of the Florida Department of Juvenile Justice listed below. This request does not include "Genetic Information" as defined below:

Agency's Authorized Representative	**Title**	**Phone**
Employee's Signature	**Title**	**Phone**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and others entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ***"Genetic Information****", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."*

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