



## Splendor Independent School District

23419 FM 2090, Splendor, Texas 77372  
281-689-3128 • Fax 281-689-7509

### MEDICAL RELEASE

I, \_\_\_\_\_, authorize Splendor Independent School District to communicate with and receive medical records or other information from \_\_\_\_\_ (and any other physician, psychiatrist, psychologist or other health care professional), and I authorize all parties to share any information deemed necessary to assist the District in determining what reasonable accommodations, if any, are necessary for me to perform the essential functions of my position. I further agree to execute any and all forms deemed necessary by the healthcare provider to comply with the Health Insurance or Portability and Accountability Act (HIPAA).

This authorization does not follow for sharing genetic information. The Genetic Information Nondiscrimination ACT of 2008 (GINA) prohibits employers and other 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. "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 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.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_