



County of Smith
Personnel Department
200 E. Ferguson, Ste. 202
Tyler, TX 75702

AUTHORITY TO RELEASE MEDICAL INFORMATION

I, _____, hereby authorize my physician, and/or any other
(Print First and Last Name)

administering personnel my physician designates, to provide full medical information about my medical condition that impacts my ability to perform the essential functions of my job to Smith County Human Resources via fax at (903) 590-4640 and via phone at (903) 590-4644 or (903) 590-4645.

This information may facilitate a determination of medical necessity and assist Smith County in assessing what reasonable accommodation(s) can be made by the employer that will allow the employee to perform the essential functions of their assigned job, while following the health care recommendations of the medical provider.

Employee Signature

Date

ATTENTION MEDICAL PROVIDER(S):

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.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.