

UNIVERSITY OF OREGON

AUTHORIZATION TO SHARE INFORMATION WITH THIRD PARTY

I, _____, AUTHORIZE University of Oregon (UO) Human Resources (HR), to share information related to the Americans with Disabilities Act (ADA) process with the individual support person listed below, during ADA-related meetings where the support person accompanies me.

I understand HR is required to review certain medical records or summaries of records that exist and are authored by my healthcare providers(s) or their staff. In addition, I understand that my healthcare provider(s) may provide information to HR related to specific accommodations that could be made to assist in my ability to perform the essential job functions of my employment position with the UO. I understand and acknowledge that, by authorizing the presence of the support person indicated below, I am voluntarily waiving the confidentiality of ADA-related information with respect to that support person to the extent information is shared with me and my support person during ADA-related meetings.

I understand and acknowledge that, while HR internally shares information related to the ADA process only on a need-to-know basis, the UO is unable to protect such information with respect to the support person listed below, and I am voluntarily choosing to waive the UO's confidentiality obligation with respect to the support person named below, to the extent such confidential information is or may be shared in relation to ADA process, including medical information, my ability to perform the essential functions of my UO employment, and possible accommodations for any disability.

I understand that, by authorizing the UO to share information related to my reasonable accommodation process and/or request, the UO will not be held responsible for any breach of confidentiality under federal or state laws, which the support person named below may violate.

Authorized Support Person:

Name and relationship:

Address:

City, State, Zip:

Phone:

Email:

Unless expressly revoked, this authorization remains valid until _____.

Signature: _____ Date: _____