

**RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII
EMPLOYEE CONSENT FORM**

TO: RCUH Director of Human Resources

I, _____, hereby authorize my physician, hospital, clinic, insurance company or other institution or person to permit the bearer of this consent form or the Research Corporation of the University of Hawaii (RCUH), or its authorized representatives, claims adjusters, and insurance representatives to receive clarification on any medical information oral or recorded provided to by a certified/authorized medical practitioner, view, copy or be furnished verbal or written clarification and/or copies of any and all medical information, including x-rays, relating to (check appropriate box):

- Processing/Administration of my Industrial Accident and related Workers Compensation benefits** (this authorization allows release and access to treatments rendered to me for my injury/illness; and as applicable prior medical history related to this injury/illness).
- RCUH Job/Physical Analysis (JPA) for return to work assessments** relating to the employee's work-related injuries/illness or restrictions/limitations relating to a covered disability under the Americans with Disabilities Act.
- Medical Certification required by RCUH policy (Sick Leave, JPA, LTDI, etc.)**

I understand that this authorization is for a specific time period (not to exceed the time necessary to process the action checked above) and may be revoked at anytime in writing. I understand this authorization is specifically for the processing of the purpose stated above.

Please **PRINT** Contact Information of Physician:

Physician Name:	
Mailing Address:	
Phone Number:	
Fax Number:	
Email:	

I certify and acknowledge the RCUH requires this information for the processing/administering workers' compensation benefits, return to work assessment or other work related matter relating to RCUH policies. I agree that a copy of this authorization bears the same authority as the original.

Signature of Employee

Date

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. "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.