RCUH Research Corporation
of the University of Hawai'i
Human Resources Department

RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII
EMPLOYEE/CLAIMANT CONSENT FORM (D-26NWC)

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 provided to by a certified/authorized medical practitioner, view, copy or be furnished copies of any and all medical information relating to (check appropriate box):

☐ **Processing/Administration of my RCUH Employee Benefits:** This authorization allows release and access to information relating medical services/treatments for my injury/illness necessary for the processing and administration of my employee benefits as allowed by law and required by RCUH policy).

☐ **Post offer/Periodic Physical Examination report/results:** As required and consistent with my job's qualifications as specific in my job description.

☐ **RCUH Job/Physical Analysis (JPA) for return to work assessment:** Completion of the attached RCUH JPA Form by my physician or healthcare provider relating to the my injuries/illness and/or restrictions/limitations that may affect my ability to perform my job's essential functions pursuant to the Americans with Disabilities Act.

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 any time 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 my employee benefits, return to work assessment or other work related matters relating to RCUH policies. I agree that a copy of this authorization bears the same authority as the original.

_____ _____
Signature of Employee/Claimant 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