University System of New Hampshire
HUMAN RESOURCES

Dunlap Center
25 Concord Road
Durham, NH 03824-3546
Phone: (603) 862-0928
Fax: (603) 862-0946
www.usnhhr.unh.edu

HIPAA -- AUTHORIZATION FOR RELEASE OF INFORMATION

Section A: Must be completed for all authorizations

I hereby authorize the use or disclosure of my individually identifiable heath information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

Name:	USNH ID Number:
Home Address:	Persons/Organizations receiving the information
	Sharon Osgood and/or Christine Alexander and/or Caryn Ines
	Human Resources Department
Phone - Daytime:	**Plymouth State University**

Specific Description of information (including dates):

Medical Certification from physician(s) to manage my request for reasonable accommodation for work during the short-term for Fall 2020 semester.

Section B: Must be completed for all authorizations

The patient or the patient's representative must read and initial the following statements:

1. I understand that this authorization will expire one year from the below date. Initials: _____

2. I understand that I may revoke this authorization by sending a written request to the USNH Privacy Officer, Dunlap Center, 25 Concord Rd, Durham, NH 03824. You can obtain a form to revoke the authorization by calling the Privacy Officer at the USNH Human Resource office at 862-1800.
   Any revocation will not be effective for any actions we already have taken. Initials: _____

3. I understand that my health care and the payment for my health care will not be affected if I do not sign this form. Initials: _____

Signature of patient or patient's representative Relationship to Patient Date

(Form MUST BE completed before signing)

Printed Name of Patient Human Resources Department

*** YOU MAY REFUSE TO SIGN THIS AUTHORIZATION***