



FORM ADA-2A:  
HIPPA-Compliant Release for Medical Records and Information  
Concerning Disability and Reasonable Accommodation Request

TO: MY HEALTH CARE PROFESSIONAL(S)

In accordance with 45 C.F.R. § 164.508, you are permitted to give to the U.S. Trade and Development Agency (USTDA) and any of its employees copies of all my medical records and information since (*insert date*) as it relates to my request for reasonable accommodation. Specifically, this means all my medical records; physician's notes; notes other than psychotherapy notes; test and laboratory results; MRI films; CT scans; x-ray films; all radiologic films and accompanying written reports; pharmacy records; bills and charges; and any other information regarding my examination, evaluation, care and treatment. You may give this information regardless of whether it is written or in the form of electronic data, microfiche, microfilm, radiologic film or any other form.

I am signing this authorization so that USTDA will be able to properly analyze my request for reasonable accommodation. This release is valid and does not expire until the request has been granted or denied and in the latter case, until all appeals processes have ended. I understand that I have the right to revoke this authorization by sending a letter to the Reasonable Accommodations Manager, U.S. Trade and Development Agency, 1101 Wilson Boulevard, Suite 1100, Arlington, VA 22209-3901, requesting that this authorization no longer be used or by directing my attorney to send a letter to the above-named person requesting the same on my behalf. In the event that I choose to change my mind and revoke this authorization, I understand that my letter will stop USTDA from requesting additional records with this release and sharing the records with others involved in evaluating my reasonable accommodation request, only after receipt of my letter. Finally, I understand that my treatment, payment, enrollment in any health plan, or eligibility for benefits may not be and are not conditioned upon my agreeing to sign this authorization. USTDA may only request medical documentation supporting a request for reasonable accommodation when the disability and/or need for accommodation is not obvious. A copy of this authorization shall be as valid as the original thereof.

Please note that the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II, including USTDA, 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, please do not provide any genetic information when disclosing medical information to USTDA. "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.

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Print Name of Patient/Employee

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Signature Date

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Date of Birth