



FORM ADA-4A:
HIPAA-Compliant Authorization for Release of Medical Records and Information
for Analysis Concerning Disability and Reasonable Accommodation Request

TO: U.S. TRADE AND DEVELOPMENT AGENCY

You are permitted to give _____ (the
“Authorized Recipient”) 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, in accordance with 45 C.F.R. § 164.508. 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 the examination, evaluation, care and treatment of myself that I
provided previously to the U.S. Trade and Development Agency (USTDA). You may give
this information to the Authorized Recipient 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 sharing my aforementioned medical records with the Authorized Recipient,
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.

Print Name of Patient/Employee

Signature Date

Date of Birth