



Accessibility @ TU
800 South Tucker Drive ▪ Holmes Student Center
First Floor ▪ Tulsa, Oklahoma 74104
ph: (918) 631-2315 / f: (918) 631-3459 ▪ E-mail:
studentaccess@utulsa.edu accessibility.utulsa.edu

**Authorization for Release of Medical Information
Pursuant to HIPAA, 45 CFR Parts 160 and 164**

Provider Name: _____ (“Provider”)

I hereby authorize Provider to furnish my educational institution, The University of Tulsa (the “University”), and its representatives, in response to the attached questionnaire of the University related to my request for educational accommodations. I understand that this Authorization provides for the release of health information, including information concerning medications I have been prescribed and the diagnosis and treatment of mental or psychological health, to the extent they are relevant to my request for workplace accommodations.

I provide this authorization related to any treatment from January 1, 2020 to the present.

I understand that information used or disclosed pursuant to this Authorization may be re-disclosed by the University and/or its representatives and may no longer be protected by federal or state law. I understand that except to the extent that action has already been taken in reliance on this Authorization, I can revoke this Authorization at any time by submitting a notice in writing to the University, attention Dr. Cathy Sparling. Unless revoked or otherwise specified, this Authorization will expire one (1) year from the date signed. I agree that a photocopy of this authorization will be valid as an original.

The University asks that you not provide any genetic information when responding to this request for medical information. “Genetic information” 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.

Date

Printed Name of Patient

Signature of Patient or Representative

Date of Birth: _____

Job Title: _____

Department: _____



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Health Care Provider Questionnaire

Dear Provider:

Your patient has requested an accommodation to assist with the education services at the University of Tulsa. In order to assist with the interactive process, we are requesting you to provide the following information based on your medical expertise. **Please limit your responses to the condition for which the student is seeking accommodation.** Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of your patient.

The University asks that you not provide any genetic information when responding to this request for medical information. "Genetic information" 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.

To Be Completed by Student:

Student Name: _____
Student TU ID: _____
Student Date of Birth: _____

To Be Completed by Provider:

Date: _____
Provider's Name (printed): _____
Provider's Business/Practice Name: _____
Provider's Business Address: _____
Type of Practice / Medical Specialty: _____
Telephone: () _____
Fax: () _____



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1. Please confirm that you have examined the student and are familiar with the student's medical condition(s).

_____ Yes _____ No

2. Does the student have a physical or mental impairment?

_____ Yes _____ No

If yes, please describe the nature of the impairment. *Please do not provide information regarding any condition for which the student does not require an accommodation.*

*** If "Yes" to Question 2, please continue to the following question:**

3. Does the student's physical or mental impairment substantially limit a major life activity as compared to most people in the general population?

_____ Yes _____ No

If yes, please describe the limitations to the student's major life activities, and the expected duration. *Please do not provide information regarding any condition for which the student does not require an accommodation.*

*** If "Yes" to Question 3, please continue to the following questions:**

4. If you believe that the student requires accommodation(s) that would allow the student equal access at the post-secondary level, please provide suggestions of possible accommodations you believe should be considered and estimate the duration that such



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accommodation(s) may be required (i.e., services/accommodations in exam administration, classroom or study activities, course requirements, transportation or adjustment of the classroom physical environment.). *Kindly provide a description of all alternative accommodations that you believe may exist.*

5. Please provide any additional information that you believe will assist the University in determining, in consultation with the student, whether an accommodation can reasonably be provided to allow the student equal access at the post-secondary level.

Dated: _____ Provider Signature: _____

Please return completed form to Student Access: ATTN: Dr. Cathy Sparling, Director

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