

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

Health Care Provider Questionnaire for ADA Accommodation Requests and Authorization for Release of Medical Information Pursuant to HIPAA, 45 CFR Parts 160 and 164

To Be Completed by Student/Patient:

Student Name: _____

Student TU ID: _____

Health Care Provider Name: _____ (“Provider”)

I understand that I must have a qualified health care provider (e.g., clinical psychologist, psychiatrist, diagnosing physician, etc.) complete and submit this form and/or their own report with the same/comparable information. I hereby authorize Provider to furnish my educational institution, The University of Tulsa (the “University”), and its representatives, a 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 accommodations. I understand that the University is not obligated to provide any specific accommodation I but will evaluate my request with all information available for determining a reasonable accommodation. I provide this authorization related to any treatment from January 1, 2020 to the present.

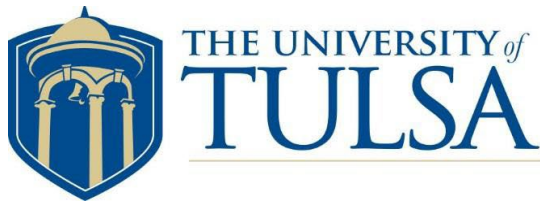
I understand that information used or disclosed pursuant to this Authorization may be re-disclosed by the University and/or its representatives and may no longer be protected by federal or state law. I understand that except to the extent that action has already been taken in reliance on this Authorization, I can revoke this Authorization at any time by submitting a notice in writing to the University, attention Dr. Tawny Rigsby. 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

Signature of Student/Patient or Representative

****Student, please provide this form to your health care provider. All questions must be answered by your health care provider to complete your application.**



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To Be Completed by Provider:

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 that you provide the following information based on your medical expertise. **Please limit your responses to the condition for which the student is seeking accommodation and note that we need answers to all questions.** 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.

Date: _____

Provider's Name (printed): _____

Provider's Business/Practice Name: _____

Provider's Business Address: _____

Type of Practice/Medical Specialty: _____

Telephone: (____) _____ License Type/Credentials: _____

Fax: (____) _____ License Number: _____

License Expiration Date: _____

Housing Accommodation Requests: Please note that any student may request the housing option of their choice, including private residences, without an ADA accommodation. An ADA accommodation for housing is necessary if the student cannot access the housing environment absent the accommodation. In many cases, requests for housing are preferences that might increase the likelihood of success, but are not medically necessary for students to equitably access housing. For example, a student who requires the use of a wheelchair may need private housing to ensure enough space for storage of their wheelchair and to reduce the risk of injury in a crowded space. College students will share spaces with peers in various settings like the classroom, athletic events, study areas, dining, etc. Living on campus helps develop life skills that cannot be replicated solely in the classroom and is considered an important and beneficial part of the collegiate experience.



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1. Please confirm that you have examined the student, are familiar with the student's medical condition(s), and are qualified to diagnose and/or treat the condition(s) based on your licensure/certification.

_____ Yes _____ No

2. Does the student have a physical and/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 and/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:**



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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 accommodation(s) may be required (e.g., exam or housing accommodations). *Please provide a description of all alternative accommodations that you believe may exist.*

5. How will the accommodation(s) provide the student equal access at the post-secondary level?

6. Please provide and/or attach 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 this form to Student Access (contact information on page 1).