

Employee Health and Accommodations - University of Waterloo

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AUTHORIZATION TO RELEASE DOCUMENTATION FORM

EMPLOYEE INFORMATION (PLEASE PRINT)

First and Last Name:	
Department / Job Title:	
UWaterloo Email (WAT IAM):	@uwaterloo.ca
Personal Email address: (optional)	

STEP 1: READ THE AGREEMENT

Following all applicable legislation and privacy standards, your personal health information is kept confidential within the Employee Health and Accommodations (EHA) department. An employee may use this form to request a copy of their medical documentation (records) on file with EHA.

STEP 2: RECORDS REQUESTED AND TIMELINE

I am requesting copies of the following record(s):

- ☐ UWaterloo Disability Verification Form(s) / Functional Limitation Verification Form(s)
- ☐ Sick Leave / Return to Work Form(s)
- ☐ Workplace Accommodation Request Form(s)
- ☐ Psychological Assessment/ Psychoeducational Assessment(s)
- ☐ Other (please specify title and date):
- ☐ All my medical documentation on file with Employee Health and Accommodations (EHA)

I am requesting copies of the above records within the following date range:

Date(s) of Records Requested (DD/MM/YYYY): _____ to _____

Note: If you do not know the exact dates, please provide your best estimate.

STEP 3: EMPLOYEE AUTHORIZATION AND RECORDS RECIPIENT

☐ **Release Records to Myself (Employee)**

By signing below, I authorize Employee Health and Accommodations to send my records as requested above to my email address noted above, using the University's file transfer system, Moveit, password protected. I consent to the password being sent in a separate email to the same email address noted above.

☐ **Release Records to my Legal Representative**

By signing below, I authorize Employee Health and Accommodations to send my records as requested, using the University's file transfer system, Moveit, password protected, to the email address of my legal representative as provided below. I consent to the password being sent in a separate email to the same email address noted below.

Name of Representative:

Name of Legal Firm:

Email address:

Employee Signature

Date: (DD/MM/YYYY)