



Circular C-039
Attachment 2
Texas Health and Human Services
Documentation and Release of Medical or Provider Information Form
for Licensing or Certification Process

With few exceptions, you are entitled, on request, to be informed about the information that HHS collects about you. You also are entitled to receive and review the information, and to have HHS correct information about you that is incorrect. (Sections 552.021, 552.023, and 559.004 of the Government Code)

Release of Medical or Provider Information:

I, _____ an applicant for licensing/certification examination, request a modification of a procedure for a licensing/certification examination in accordance with HHS policy and the Americans with Disabilities Act of 1990 (ADA).

In order for HHS to respond appropriately, according to HHS policy and law, and to make the best informed response, I authorize you to provide information to complete this form. I also authorize you to discuss the information with civil rights staff in order to clarify the submitted documentation.

Signature

Date

The information on this document is seen by staff only on a need-to-know basis and is kept in a separate and confidential file as mandated by the ADA.

1. Does the applicant have a physical/mental impairment affecting the applicant's ability to take the exam? Yes No

If Yes, please indicate the diagnosis and describe the appropriate medical facts relevant to the applicant's condition (functional limitations):

2. If a physical/mental impairment exists, does that impairment substantially *limit*, in your best estimation, *one or more of the following major life activities* (please check as appropriate):

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> thinking | <input type="checkbox"/> talking | <input type="checkbox"/> seeing | <input type="checkbox"/> hearing |
| <input type="checkbox"/> learning | <input type="checkbox"/> use of hands | <input type="checkbox"/> concentrating | <input type="checkbox"/> walking |
| <input type="checkbox"/> breathing | <input type="checkbox"/> sitting/standing | <input type="checkbox"/> reading | <input type="checkbox"/> other (please explain) |

3. What, if any, modification to the examination process would enable the applicant to participate in the licensing or certification process, as reflected in the attached description?

Please feel free to add any other comments and/or additional documentation.

Physician or Provider Name (Please Print)

Address

Signature

Telephone

Date

Fax Number