

SAMPLE REQUEST FOR MEDICAL DOCUMENTATION FOR PAS REQUEST

*(Insert Date)*

From: *(Insert Supervisor's Title and Name)*

To: *(Insert Requestor's Title and Name)*

Subj: REQUEST FOR CURRENT MEDICAL DOCUMENTATION

Ref: (a) 29 Code of Federal Regulations § 1614.203(d)(5)

1. On *(insert request date here)*, you submitted a request for Personal Assistance Services (PAS), and you identified your targeted disability as *(insert targeted disability here)*. You have requested the following services for the following time period: *(Insert PAS requested - be sure to add in any specific information to describe the services request or any notable details from the request process)*.

2. In accordance with reference (a), the goal of providing PAS is to assist employees in performing activities of daily living during work hours and work-related travel to those who need them because of certain disabilities. Reference (a) also indicates that eligibility for receiving PAS, absent undue hardship on the agency, is dependent on an employee having a targeted disability and requiring the service as a result of the employee's limitations. At this time, I do not have enough information regarding your need for PAS, so the purpose of this letter is to request information regarding your current medical condition and how the PAS would allow you to participate in the workplace or in job-related travel. This information will assist me in determining your eligibility to receive PAS and if required, what services may be effective.

3. Please ask your healthcare provider to provide the following information:

- a. Identify the disability or disabilities for which PAS are required;
- b. List the daily activity or activities for which PAS are required;
- c. Describe how the requested assistance will enable you to perform activities of daily living which occur in the workplace or during work-related travel.

4. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective 14 April 2003, imposes new requirements on medical providers, employers, health plans and plan administrators to ensure that your individual medical and health information is kept confidential. In adhering to this regulation, your health provider will not release medical documentation without your permission.

5. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you and/or health care professional not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, 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.

Privacy Sensitive

Subj: REQUEST FOR MEDICAL DOCUMENTATION

6. Please provide me with the requested documentation from your healthcare provider within 15 calendar days of your receipt of this letter. If you have any questions or concerns, please contact me or *(Insert name of RA POC)* at *(insert RA POC information)*.

*(Insert Supervisor's Name/Signature block)*

Copy to:

*(Insert parties with a need-to-know)*

Acknowledgement of receipt:

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Employee's signature

Date