

Elevate Life Chiropractic Residency Program

Disability Notification and Rights Policy

A person with a disability is defined as any person who has a physical or mental impairment that impacts one or more major life activities. Those activities include: walking, standing, seeing, speaking, hearing, sitting, breathing, reading, learning, thinking, performing manual tasks, or taking care of oneself. Our intent is to be compliant with the law, and we make every effort to respond to requests in a timely fashion.

The rights of individuals with disabilities are protected by

- Sections 504 and 508 of the Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA) of 1990
- ADA Amendments Act of 2008

In order to receive reasonable accommodations, the resident will coordinate with the residency program director, Dr. Erik Korzen, to provide documentation regarding the prognosis and impact of the disability. Through an interactive process, program accommodations, auxiliary aids, and modifications can be determined. This form is for voluntary disclosure of a disability only and must be completed by a qualified healthcare provider.

Contact information:

Dr. Erik Korzen

Email: ekorzen@elevatelifeclinic.com

Phone: 410-268-3333

Mail: 1730 West St. Suite 105 Annapolis MD 21401

Disability Documentation

Healthcare Professional: In order to verify the presence of a disability and determine the resident's eligibility for services, we need your assessment and diagnosis of this individual. Please complete this form, or you can answer these questions in a signed and dated letter on your professional letterhead.

Patient Name: _____

Date of last visit: _____ Date of diagnosis: _____

Primary diagnosis: _____ Temporary or Chronic: _____

Recommended specific accommodations:

Provider's Printed Name

Provider's Signature

License Number

Phone Number

By signing below, I authorize the release of all relevant information, records and documentation to the Elevate Life Chiropractic Residency Program for the purpose of determining my eligibility for disability accommodations related to my enrollment or participation in the program. I understand that select employees at Elevate Life may have access to all relevant information and documentation as necessary to provide reasonable accommodations.

Resident Signature _____

Printed Name _____