Sample Accommodations Request Letter\*

Date

Hospital or Health Care Facility

Address/email/fax No.

 RE: Request for Reasonable Accommodation

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am a (patient) or (parent of a child) or (writing on behalf of a patient) at (facility/doctor’s name) with a significant disability. Throughout the Public Health Emergency having this disability was recognized as a high risk condition, and extra precautions were afforded to persons in this group. (See CDC <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#:~:text=Older%20adults%20are%20at%20highest,people%20ages%2018%2D29%20years>.) Because the nature of this disability places me in a high-risk category which increases the risk of severe illness and even death from contracting COVID-19, and because many of the standard precautions protecting against the spread of COVID-19 have been terminated, I am asking for accommodations during my appointment. [You can add specifics, if necessary. For example, “According to my physician, were I to contract COVID-19, I would be at significant risk of …”]

In order for me to continue to have safe and effective access to medical care in your settings, I am requesting that you provide the following accommodations (***here are some sample requests – choose those that would be effective in your circumstances, or propose alternative accommodations here***)

* A private place to wait if persons in the waiting room are not wearing protective masks,
* Virtual or telephonic-check in/check out, as a way to avoid public waiting areas where people may be unmasked;
* The ability to wait in my car until the examination room is ready;
* An appointment time prior to the start of the office opening, in order to minimize contact with patients who may not be wearing a mask;
* That medical staff who interact with me during my visit and deliver my care are masked;
* Access to a private room if I am admitted to the hospital for care or for recovery from operative procedures, unless other patients in the area have been screened and tested negative for COVID-19.

I would ask that you provide these accommodations for my appointment on \_\_\_\_\_\_\_ and any future visits. Please let me know as soon as possible if you will put this accommodation in place. If you have any questions or concerns with this request, I would appreciate the opportunity to discuss these accommodation requests with appropriate staff, as well as any other strategies for ensuring I can continue to access medical appointments and services without a risk to my health. The best way to communicate with me is …

Sincerely,

Patient

Contact information

\*This letter is an example accommodations request letter and is not to be considered legal advice.