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LEGAL ADVISOR  
CHRISTOPHER K. ELEY

April 26, 2012

Tiffany Anderson  
2 N. Avena Avenue  
Lodi, CA 95240

Dear Tiffany,

I hope you are doing well.

The last I heard from you was your email of April 12, 2012 (copy enclosed) and the last information I received about your potential ability to return to work was the March 13, 2012 work status/work limitation report from Dr. Murata (copy enclosed). The March 13<sup>th</sup> note said you were to have a follow up appointment on April 10, 2012 so I was expecting to have received further substantive information by now.

Your April 12<sup>th</sup> email communication suggests I am out to threaten your job and invade your privacy. This is absolutely not the case, and I am sorry you feel that way. I reiterate that I have no desire to view all your medical records or know the details of your medical condition; the information I have asked that you provide from your doctor is only about whether you can perform the essential functions of the job or if there is some accommodation that would allow you to perform your job; likewise, if you cannot perform the essential functions of your job, then I need to know if there is any indication when you will be able to do so. Please understand I am requesting this information so I can try to get you back to work or grant you any additional leave that might be appropriate. The District is merely trying to manage your situation appropriately and engage in any required interactive process with you to make sure no reasonable accommodations should be provided. However, in order to do so, the District must have, and is entitled to have, the requested limited information from your health care provider.

I reiterate that the District cannot attempt to get the necessary information through our workers' compensation carrier; your workers' compensation claim is an entirely separate matter.

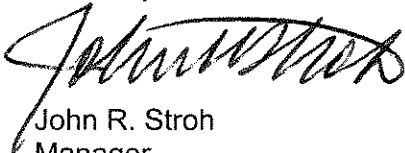
Enclosed is another copy of the information I previously asked that you provide from your doctor. As I previously communicated, the last doctor's note on March 13<sup>th</sup> identified restrictions which could not be accommodated, and it had no additional information about how long the restrictions would remain, other than the notation you were to follow up with your doctor on April 10<sup>th</sup>. It is now well past April 10<sup>th</sup>, and this is now the third time I have asked you to provide the necessary information. I have had to warn you on the two prior occasions that if I do not have the necessary information from your doctor and you refuse to cooperate with me to discuss any need you have for continued leave, I have no choice but to consider that you are abandoning your job and choosing to

resign. I do not want to do this and urge you again to provide me with the further information from your health care provider.

I remain willing and happy to discuss this with you if you want to set up a time to talk. I will gladly answer any questions or concerns you might have about your employment status. I will give you additional time to get back to me before I proceed with taking further action.

I look forward to hearing from you on or before May 9, 2012.

Sincerely,



John R. Stroh  
Manager

Enclosures: April 12, 2012 email from Tiffany Anderson to John Stroh  
March 12, 2012 work status report from Dr. Murata to Tiffany Anderson  
February 24, 2012 information request letters from John Stroh to Tiffany Anderson/Dr. Murata

jstroh

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**From:** tiffanyanderson [tiffanyanderson@me.com]  
**Sent:** 2012-04-12 7:28 PM  
**To:** jstroh; Christopher K. Eley  
**Cc:** Michael Manna; Kyle Hansen; Michelle Morgan; McKenzie Dawson; kyle Hansen  
**Subject:** Re: Work status report from Dr. Murata

On Apr 11, 2012, at 8:22 AM, jstroh wrote:

Good morning Tiffany,  
I am sending you this email to the three different addresses I have on file.  
Did you receive a work status report from Dr. Murata yesterday? If so, please fax, mail or email me a copy for our records and so that I can evaluate the District's ability to consider any restrictions identified by Dr. Murata.  
Thank you,  
John Stroh

April 12, 2012

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Dear John,

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I am responding to your email you sent on April 2, 2012

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Your latest email was an obvious threat to my job. I am not voluntarily resigning my position with the district.

-

Again, you are infringing on my privacy. You ignored my first response as if you never read it. Instead you are intimidating me with a second response and loss of my job if I do not provide what is illegal to you.

-

Obviously you are interested in the pursuit of a labor lawsuit.

-

2012-04-26

You as manager are responsible to supply me with an accurate job description and it should up to date.

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This document will sent to the Manager John Stroh and all Trustees of the district.

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I am herby requesting The District Secretary Michelle Morgan to ensure each board member receives their individual copy of all correspondence. And I want a signed certified letter that each member received it.

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Sincerely,

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Tiffany Anderson

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Dear John,

2012-04-26

I received your letter dated February 24, 2012.

In your letter you addressed many items, I am responding to three specific items at this time.

First to inform you that I am under no obligation to provide you access to my medical records or the ability to speak to any of my medical providers. This is a violation to my privacy and an insult to my intellect.

Your insurance company is a buffer between us, look to them to provide the information you are legally entitled.

Second your job description is not an accurate depiction of what is physically required of your field technicians. Please provide me with an accurate description. At that time my physician can make an accurate and informed decision.

The last item to be addressed is the disciplinary action you are alleging against me. I spoke with my rep Bob Phibbs and he informed me that he had communicated to you that any correspondence regarding me, and any disciplinary matters would be sent to him. Please follow his instructions.

Tiffany Anderson

Attention John Stroh  
Please confirm

Alpine Orthopaedic Medical Group  
2488 North California Street  
Stockton, CA 95204  
(209) 948-3333

Please call us if you are unable  
to make this appointment -  
(209) 946-7200

ANDERSON, TIFFANY

DI168478 A/C:022612

MURATA M.D., /GTM

POST-OP

TODAY'S APPT 03/13/12 1:12

Follow Up in:		Days	Weeks	Months	PRN	Prov.	Dr.
XRAY	CAST	CAST	CHECK	POST OP	OOP	ANY	Dr.

☐ SALAMON ☐ CAHILL  
☐ KAWAGUCHI ☐ LE

☐ LEUNG  
☐ ALEGRE

☐ WESTIN  
☐ HAHN

☐ MURATA  
☐ BEEMAN

☐ EAGER  
☐ SMITH

☐ WINTER

MON. TUES. WED. THURS. FRI.  
JAN. FEB. MAR. APR. MAY JUNE  
JULY AUG. SEPT. OCT. NOV. DEC.

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31									

TIME 2:12

# Alpine Orthopaedic Medical Group, Inc. ORTHOPAEDIC SURGERY

PETER B. SALAMON, M.D., F.A.C.S.  
EDWARD L. CAHILL, M.D.  
VINCENT C. LEUNG, M.D.  
GEORGE W. WESTIN, JR., M.D.  
GARY T. MURATA, M.D.  
STEVEN E. EAGER, M.D.  
ROLAND H. WINTER, M.D.

ANH X. LE, M.D.  
ALAN T. KAWAGUCHI, M.D.  
GARY M. ALEGRE, M.D.  
MICHAEL P. HAHN, M.D.  
ALEX H. PHAN, M.D.  
VANESSA D. BEEMAN, PA-C  
TONYA L. SMITH, PA-C

2488 N. CALIFORNIA ST. STOCKTON, CA 95204 (209) 948-3333

DATE 3/13/12  
It is my medical opinion that

is capable of resuming the activities of his/her occupation as described below:

## WORK STATUS:

☐ Regular work  
☒ Modified work with limitations noted  
☐ Unable to return to work until

Date:

## WORK LIMITATION:

(✓) = partial capacity  
(x) = no capacity

☐ Bending  
☐ Climbing  
☐ Pulling

☐ Reaching  
☒ Standing  
☒ Pushing

☐ Lifting

☐ Sitting

M.D.

February 24, 2012

Gary T. Murata, M.D.  
Alpine Orthopaedic Medical Group, Inc.  
2488 North California Street  
Stockton, CA 95204

Dear Dr. Murata:

My employer has asked that you answer the questions in the enclosed questionnaire in writing and return them on or before March 7, 2012, to my employer at:

*San Joaquin County Mosquito and Vector Control District*  
*Attn: John R. Stroh, Manager*  
*7759 S. Airport Way*  
*Stockton, CA 95206-3918*  
*1 (800) 300-4675*  
*(209) 982-4675*

By my signature below, I authorize you to disclose the information requested and to discuss any of your responses with District Manager John Stroh. I further authorize District Manager John Stroh to share this information with other personnel within the District only as far as necessary to make decisions regarding my employment status, my entitlement to leave, and to enter into discussions regarding reasonable accommodations, if necessary.

This authorization will expire on February 1, 2013, after which time you will no longer be authorized to submit or discuss my medical information with my employer.

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, my employer is asking that you 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.

I understand I have a right to receive a copy of this authorization after I sign it. By placing my initials below this clause on the original authorization, I acknowledge I have received a true copy of this authorization.

\_\_\_\_ Initials

Thank you for your prompt attention to this matter. Again, it is important your response be timely received because my employer has indicated it must receive adequate and timely medical documentation regarding my requests.

Sincerely,

Tiffany Anderson



**MEDICAL CERTIFICATION REQUESTED BY:**

*San Joaquin County Mosquito and Vector Control District  
Attn: John R. Stroh, Manager  
7759 S. Airport Way  
Stockton, CA 95206-3918  
1 (800) 300-4675  
(209) 982-4675*

**PATIENT: Tiffany Anderson**

**"Reasonable Accommodation" Inquiry**

To Be Completed by Health Care Provider

**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 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.**

**Please Do Not Disclose Information Regarding Medical Cause or Diagnosis – Disclose Only Information Regarding the Employee's Functional Limitations and Capabilities**

1. On 2/14/2012, you provided Ms. Anderson a note which indicated she could return to work as long as she abided by the work restrictions you identified. These identified restrictions preclude Ms. Anderson from performing the essential functions of her position. Please indicate how long you anticipate each of these restrictions to continue.

2. Are there any possible accommodations that might be provided to Ms. Anderson that would permit her to perform the essential functions of her position? A copy of her job description is attached. For each possible accommodation listed, how would it effect her current restrictions?

3. If Ms. Anderson needs a leave of absence because she cannot work with or without reasonable accommodations, please indicate the length of time you anticipate she will be unable to work.

Physician Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Medical Group: \_\_\_\_\_

Date: \_\_\_\_\_