

Workers' Compensation Claimant's Authorization to Release Information

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To Whom It May Concern:

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records, interview doctors and other medical professionals regarding all matters relating to medical history, examination, diagnosis, care consultation and treatment, whether past, present or future, relative to my workers' compensation injury. I further consent and request that the bearer be permitted to correspond with all employers and former employers, with respect to any past work related injured which may affect or does affect my current workers' compensation claim.

This includes matters relating to my earnings and time of employment.

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Signed: _____	Date: _____
Address: _____	File#: _____
_____	Employer: _____
_____	_____

Print Name : _____

Dear Provider:

According to the United States Department of Health and Human Services, a covered entity is permitted to disclose an individual's protected health information as necessary to comply with and to the full extent authorized by workers' compensation law. See 45 CFR 164.512 (I). Enclosed you will find information taken directly from the United States Department of Health and Human Service's website, <http://www.hhs.gov>, which specifically states that the HIPAA Privacy regulations are not applicable to worker's compensation.

Therefore, we ask that you please respond to our request for information.