

Instructions

Authorization for Release of Information

Deadline for Submission:

This form should be completed and submitted within *2 business days*.

The Form enables the State Office of Risk Management to obtain, from healthcare providers, copies of relevant medical documents that will assist in the handling of the claim

Completed by:

The injured employee should complete this form. If the employee is incapacitated the spouse, child or legal guardian may sign the form. This form must be signed and dated.

Instructions:

1. The injured employee must clearly print his or her name on the patient line.
2. The injured employee must clearly sign his or her name on the second line.
3. The injured employee must sign and date the form.
4. **Give this form to your supervisor or their designated representative.**



AUTHORIZATION FOR RELEASE OF INFORMATION

Patient: _____

TO WHOM IT MAY CONCERN:

You are hereby expressly authorized to release and furnish to the State Office of Risk Management (SORM), and/or any associate, assistant, representative, agent, or employee thereof, any and all desired information (including, but not limited to, office records, medical reports, memos, hospital records, laboratory reports, including results of any and all tests including alcohol and/or drug tests, X-rays, X-ray reports, including copies thereof) pertaining to the physical and/or mental condition which is the basis of my workers' compensation claim. This includes not only all current and/or future information but also all past medical information which is related to the injury or injuries which form the basis of my claim.

(Print name) _____

Photostatic copies of this signed authorization will be considered as valid as the original.

This is not a release of claims for damages.

SIGNED: _____ DATED: _____

PLEASE SIGN THE ABOVE MEDICAL AUTHORIZATION AND RETURN IT, SO WE MAY SECURE RELEASE OF YOUR MEDICAL RECORDS.

THANK YOU.

STATE OFFICE *of* RISK MANAGEMENT