

AUTHORIZATION TO RELEASE RECORDS

Instructions: So that we may process your claim for workers' compensation benefits, please complete this medical information authorization.

Employee Information	
Employee Name: (please print)	Social Security Number:
Other Names You Have Used:	Date of Birth:
Injury/Injuries Listed on Employee Claim Form including body parts injured:	

Purpose
<p>The released information is required for the following reasons:</p> <ol style="list-style-type: none">1. To provide for adequate preparation, investigation, evaluation, review, and discovery of a claim for workers' compensation benefits. Specifically, to determine the nature of causation and the nature and extent of any possible pre-existing, concurrent or aggravating medical conditions that might have medical, legal, or factual implications in the injury or injuries as listed on your Employee Claim Form.2. To provide the treating physician, consultant or evaluator with medical information that will assist in the provision of the best medical care or medical advice possible.

Authorization	
<p>I hereby authorize the Sacramento County Workers' Compensation Office, its employees, representatives or agents, to review, inspect, copy, and/or photograph any and all of the following documents for the above-stated purposes:</p> <p>All medical or mental health, drug and/or alcohol records, hospital records, reports, charts, notes, histories, laboratory records and reports, diagnostic test reports, doctors' and nurses' notes, correspondence, radiological films, charges, and other material related to my care, treatment, and prognosis that could have implications in my workers' compensation claim. All employment, personnel, group insurance, and retirement records that could have implications in my workers' compensation claim.</p> <p>This authorization is effective immediately and terminates three (3) years from the date of your signature. Photocopies of this authorization may be used with the same force and effect as the original</p> <p><i>I have read this authorization and fully understand its entire contents. I have asked questions about anything that was not clear to me and I am satisfied with the answers I have received. I understand that I have a right to receive a copy of this authorization upon my request.</i></p>	
Signature:	Date: