

To: Claimant: _____
Soc. Sec. No.: _____
Injury Date: _____
Employer: _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I understand I am allowing the above medical provider to release the following medical, psychological and/or psychiatric information:

Hospital admission history and physical; emergency room reports; hospital discharge summaries; physician office notes; physical therapist, occupational therapist or athletic trainer assessments and progress notes; consultation reports; lab results; medical reports; surgical reports; diagnostic reports; procedure reports; nursing home and skilled nursing facilities documentation; and home nursing progress notes.

I understand I am authorizing the release of this information to Charles Zamora Co., L.P.A., 447 East Mound Street, Columbus, Ohio 43215, or any authorized representatives thereof, and I am authorizing Charles Zamora Co., L.P.A., to re-disclose said information to the Ohio Bureau of Workers' Compensation, the Industrial Commission of Ohio, the above-named employer, the employer's managed care organization or qualified health plan and any authorized representatives.

This authorization to release medical, psychological and/or psychiatric information shall remain in effect for as long as my workers' compensation claim remains open under Ohio law or until my claim is resolved. However, I understand I have the right to revoke this authorization at any time, but my revocation must be in writing. My decision to revoke this authorization will be effective upon the provider's written receipt, except in the case where the above-referenced provider has already relied on my authorization and released information.

I understand the parties I am authorizing the release of information to are exempted from the federal privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Information disclosed pursuant to this authorization may be re-disclosed by them and may no longer be protected by the federal privacy requirements.

Date

Claimant