AUTHORIZATION FOR MEDICAL RECORDS AND COMMUNICATION RELEASE

I authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of my physical health, history, condition or well-being that may be relevant to my work injury sustained on to supply such information to my employer, the Intergovernmental Risk Management Agency (IRMA), or their attorneys for the purpose of investigation and administering my workers compensation claim.

I specifically authorize any treating physician or medical care provider to communicate in writing with my employer, IRMA as claims administrator, their rehabilitation and/or medical management consultants or their attorneys, as to my care and treatment, and as to any other issues including, but not limited to; diagnosis, prognosis, causal connection of care and treatment to my work injury or duties, and ability to work. In conjunction with this, I also authorize any treating physician or medical provider to review any additional material provided to them.

A photocopy of this authorization shall be as valid as the original. This release shall remain valid for the length of my claim.

_____
«Claimant_First_Name» «Claimant_Last_Name»-Please Print

_____
Signature

_____
Date

IRMA Claim: «Claim_Number»

WC-Emp Medical Auth

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3/2020

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