RISK MANAGEMENT
DEANNA L. ZALAS
DIRECTOR
118 N. Clark Street, #1072 ● Chicago, Illinois 60602 ● (312) 603-6385

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS/EMPLOYMENT INFORMATION

To Whom This May Concern:

The undersigned hereby authorizes the disclosure of employment, medical and/or mental records, including history or treatment, or any additional documents which may be in your possession or control to the party indicated below. You are hereby permitted to discuss my status in verbal or written format directly with representatives of Risk Management as needed. I understand that the information to be released may no longer be covered by the privacy rules under HIPPA. A photocopy of this authorization shall be as valid as the original.

This request is subsequent to submission of my claim for workers' compensation benefits. I realize that my employer has a statutory right to information pursuant to provisions of the Illinois Workers' Compensation Act, 820 IL CS305/8(a), or administrative law.

Further disclosure by Risk Management is permissible to facilitate claim processing, providing written notice to the undersigned is given. Authorization remains valid until revoked in writing or until my physicians rates my status as maximum medical improvement.

Release information to:
Department of Risk Management
Cook County Workers' Compensation Division 118 N. Clark Street – Room 1072
Chicago, IL 60602-1304

Signature: _____

Printed Name: _____

Date of Injury: _____