WC-207 AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

10:		1	DE- Employer /	Dations		
Print Name and Title	TO:			RE: Employee / Patient		
Print Name and Title			Last Name	First Name		M.I.
Address			SSN or Board Tracking #	Date of Injury	Birthdate	
City	State	Zip Code				
	orized to release	se of only the medical informat medical information to and Federal laws.	tion as provided below. T	Γhe above-stated en	tity, facility or m	edical
The information co ollows:	overed by this A	uthorization and Consent to	Release is that authoriz	zed by O.C.G.A. §3	34-9-207 which	reads a
communications related to the communications related to the communication of the consulted about the examination, treatments.	ated to the claim of nited to, communication or complaint w to the contrary, employee shall pent, testing, or con oyee has submitte	enses, that employee shall be or history or treatment of injury cations with psychiatrists or psy reasonably related to the condit when requested by the employ provide within a reasonable time is ultation concerning the employed a claim for workers' compenses, the employee, upon requested.	arising from the incident chologist. This waiver shion for which such employer, any physician who have and for a reasonable civee.	that the employee ha hall apply to the employee claims compensa is examined, treated, harge all information iving payment of wee	as had with any byee's medical hation. Notwithsta or tested the en and records related income beneated the beneated the second of the second o	physician istory with anding arthogonal photograph attending attending attending attending the attending a
nd information rela ny mental condition elated to the condi	ited to the claim of n or drug or alcoh ition for which suc	r history or treatment of injury a ol abuse and to such employee ch employee claims compensa release shall expire on the date	rising from the incident, in e's medical history with re- tion. Said release shall of	ncluding information respect to any condition	related to the tre on or complaint r	atment fo easonab
Board, the refusal w	as not justified un	de a signed release for medical der the terms of this Code secti fusal or to a hearing on the issu	on, then such employee s	shall not be entitled to		
164.512(1) which i	reads as follows to comply with for work-related	t 2), and the Health Insurar s: "The covered entity may of laws relating to workers' co I illnesses or injury without under all limitations set for	lisclose protected heal ompensation or other s t regard to fault." Any	Ith information as a similar programs, c one who receives	<i>nuthorized by a</i> es <i>tablished by</i> information u	nd to the law, the nder thi
authorization rece such information. This release shall	expire in 180 d	ays or upon written notice or aring and shall expire on the			is pending, thi	s releas

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov