

**MEDICAL INFORMATION RELEASE AUTHORIZATION**

WORKERS' COMPENSATION MAY CONCERN

NAME \_\_\_\_\_  
City \_\_\_\_\_  
State of Birth \_\_\_\_\_

For the purposes of Workers' Compensation claim, you are hereby authorized and directed to furnish to the South Carolina Workers' Compensation Board, its representative, attorney or other agent and information in your possession or under your control relating to any medical treatment including but not limited to the following:

hospital records, x-rays, laboratory readings and reports, pathology records, pharmacy records and reports, tests of any type or character and reports thereof, statement of charges and any and all of your records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expenses.

Medical, psychological, psychiatric, pharmacy or chiropractic records including patient's records, nurses and doctor's daily notes, x-rays, laboratory readings and reports, pathology records and reports thereof, statements of charges and any and all of your records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology or expense.

You are further authorized and directed to furnish or send written reports and information to the South Carolina Workers' Compensation Board, its representative, attorney or other agent as requested by it on any of the foregoing matters and to cooperate to release any records relating to your workers' compensation claim or to confer with it concerning your workers' compensation claim.

The patient understands that the information disclosed pursuant to this authorization may be used to investigate purposes and/or medical referrals, opinions and decisions relating to your care.

**\*The signed authorization shall not expire, and shall not be revoked so long as the claim for Workers' Compensation benefits is open and/or actively pursued, unless otherwise determined by lawful agreement.**

Date: \_\_\_\_\_ c f o