



Release of Information

I authorize release of information, including financial information, confidential health information, and medical records, for services rendered regarding my injury, or any other services which may include records related to treatment for substance abuse, to my insurance carrier(s), managed care plan or other payor, including past or present employer(s), authorized private review entities or entities acting on their behalf, authorized chart reviewers, billing agents, collection agents, attorneys or insurance companies, the Social Security Administration, the Health Care Financing Administration, the Peer Review Organization acting on behalf of the federal government, and/or any other federal or state agency for the purpose of satisfying billed charges and/or facilitating utilization review and/or otherwise complying with obligations of state or federal law.

Signature _____ Date _____