

State of Vermont
Department of Labor and Industry
Workers' Compensation Division
National Life Building, Drawer 20
Montpelier, VT 05620-3401
(802) 828-2286

MEDICAL AUTHORIZATION

NOTE: The release of medical records relative to a workers' compensation claim filed pursuant to Title 21 of the Vermont Statutes is not governed by the terms and provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR 164.512(1).

TO: _____
(Physician or Hospital)

This, or a photocopy, will authorize you to release to ASC/ VSBIT
(Insurance Company, Adjuster, or Employer)

All medical records you may have relating to the treatment or diagnosis of my injury which occurred on or

about _____, 20 _____

Including history, findings, x-rays, bills, statements, diagnosis, lab reports and all other medical or hospital records in your possession including, but not limited to, records of treatment rendered by you or your facility as well as any medical records in your possession upon which you relied in any way in your treatment and/or diagnosis of my condition.

Name: _____

Social Security Number: _____ Date of Birth: _____

Date Signature