Release of Medical and Other Information
For Nevada Workers' Compensation Claims

Injured Employee's Name: _____

Claim Number: _____ Social Security Number: _____

Injured Employee's Address: _____

Date of Injury/Occupational Disease: _____ Date this Notice Printed: _____

Insurer's Name: _____ Employer: _____

Insurer's Address: _____

Employer's Address: _____

I hereby authorize any physician, chiropractor, surgeon, practitioner, or other health care provider, any hospital, including veteran's administration or governmental hospital, any ambulatory surgical center or outpatient surgical facility, any medical service organization, any insurance company, self-insured employer or association of self-insured employers, or institution or organization to release to each other, any medical information or other information, including benefits paid or payable, PERTINENT TO THIS INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE, except information relative to diagnosis, treatment, and/or counseling for AIDS, psychological conditions, alcohol or controlled substances, for which I must give specific authorization.

Every health care provider or facility listed above may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law, that provide benefits for work-related injuries or illness without regard to fault under HIPAA, 45 CFR 164.512(1).

Any delay or failure of the injured employee to sign and return this Medical Release to the requesting insurer or third-party administrator may delay the processing or result in the denial of the claim.

A photostat of this authorization shall be as valid as the original.

_____ _____

Original Signature Date