



State of Vermont  
Department of Labor  
Workers' Compensation Division  
PO Box 488  
Montpelier, VT 05601-0488  
(802) 828-2286

State File No.:\*\* \_\_\_\_\_

Ins. Co. File No.: \_\_\_\_\_

### 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 \_\_\_\_\_  
(Insurance Company, Adjuster, or Employer)

at the following address: \_\_\_\_\_

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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Date Signature

\*\*If you do not have your state file number please contact the Department of Labor at (802) 828-2286