WC-207 AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

Address Set S	_			with the Board, unless off			
This document authorizes the release of only the medical information as provided below. The above-stated entity, facility or medical ractitioner is authorized to release medical information to a accordance with applicable State and Federal laws. The information covered by this Authorization and Consent to Release is that authorized by O.C.G.A. §34-9-207 which reads a ollows: a) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the information related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician culduling, but not limited to, communications with psychiatrists or psychologist. This waiver shall apoly to the employee is medical history with espect to any condition or complaint reasonably related to the condition for which such employee calms convibuled about the employee shall provide within a reasonable time and for a reasonable charge all information and records related to a examination, treatment, testing, or consultation concerning the employee. b) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the my mental condition or drug or alcohol abuse and to such employee's medical history with respect to any condition or complaint reasonable lated to the condition for which such employee claims compensation. Said release shall designate the provider to when the release inferced. If a hearing is pending, any release shall erelease in medical record on the designation or drug or alcohol abuse and to such employee's medic	TO:			RE: Employee / F	Patient		
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IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).