



This document is **not** a waiver of Workers' Compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided, the injured employee has a maximum period of one year from the date of injury to obtain medical treatment and benefits.

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

(Pursuant to the CONFIDENTIALITY OF MEDICAL INFORMATION ACT: Effective 1/1/80)

NAME OF INJURED EMPLOYEE

YOU ARE HEREBY AUTHORIZED TO DELIVER, DISCLOSE, AND RELEASE ALL INFORMATION CONCERNING MEDICAL CARE RENDERED TO ME PERTAINING TO TREATMENT OF MY:

PLEASE LIST APPLICABLE BODY PART(S) AND/OR APPLICABLE MEDICAL CONDITIONS:

INCLUDING BUT NOT LIMITED TO: DIAGNOSIS, X-RAYS INTERPRETATION, LABORATORY AND PATHOLOGICAL TEST, MEDICAL HISTORY OBTAINED, MEDICAL REPORTS OF MEDICAL EXAMINATIONS (BOTH IN-PATIENT AND OUT-PATIENT); PRE-OPERATIVE REPORTS, OPERATIVE REPORTS, POST-OPERATIVE REPORTS AND BILLINGS OR CHARGES FOR ALL OR PART OF SAID SERVICES. ALSO ANY EMPLOYER IS TO RELEASE ANY AND ALL PRE-EMPLOYMENT PHYSICAL EXAMINATIONS, EMPLOYMENT, AND WAGE RECORDS, AS WELL AS POLICE REPORTS TO:

LYNWOOD UNIFIED SCHOOL DISTRICT AND/OR ITS AUTHORIZED REPRESENTATIVES, INCLUDING, BUT NOT LIMITED TO ATTORNEYS, CLAIMS ADJUSTERS, INVESTIGATORS, AND CONSULTING PHYSICIANS.

I UNDERSTAND THAT THE MEDICAL INFORMATION TO BE FURNISHED PURSUANT TO THIS MEDICAL RELEASE MAY BE USED IN ANY MANNER RELATING TO ANY CLAIM MADE BY ME OR ON MY BEHALF FOR WORKERS' COMPENSATION AND/OR LIABILITY BENEFITS. THIS RELEASE AUTHORIZES HAZELRIGG AND ITS AUTHORIZED AGENTS AND REPRESENTATIVES TO RELEASE MY EMPLOYER MEDICAL INFORMATION RELATED TO MY CLAIM(S) OF INJURY INCLUDING BUT NOT LIMITED TO: X-RAYS, FILES, MEDICAL RECORDS, REPORTS, CHARTS, GRAPHS, AND NOTES.

THIS MEDICAL RELEASE SHALL BE VALID UNTIL THE CLAIM IS LEGALLY CONCLUDED. I HEREBY WAIVE ANY AND ALL CONFIDENTIALLY PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT



OF 1900, PL 101-336, AND HEREBY WAIVE ANY AND ALL PROVISIONS WHICH PROHIBIT THE DISCLOSURE OF MEDICAL INFORMATION UNDER LABOR CODE SECTION 3762.

A PHOTOSTATIC OR FAX COPY OF THIS TRUE MEDICAL RELEASE SHALL BE AS VALID AS AN ORIGINAL OF THE SAME.

I UNDERSTAND AND HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION.

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| EMPLOYEE SIGNATURE | DATE |
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Remember that any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a felony.