



State File No.: _____

Ins. Co. File No.: 000200013170-727**VERMONT WORKERS' COMPENSATION MEDICAL AUTHORIZATION**

NOTE: Title 21 VSA §655a requires all providers to utilize and comply with this medical release authorization form when seeking or providing medical information relative to a workers' compensation claim. Workers' Compensation claims are expressly exempted from the terms and provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR 164.512(1).

A copy of 21 VSA §655a is included with this form (see Page 2 of 2).

TO: * Dr. Slauterbeck, Dr. Mariani
(Physician, Hospital or other medical practitioner)

This, or a photocopy, will authorize you to release to Patriot Ins.
(Insurance Carrier, Employer and/or its counsel of record)

at the following address: 701 US Route 1 Yarmouth me

All relevant medical information you may have relating to the treatment or diagnosis of my work related injury claim that involves injury to my:

* Knee, spine
(enter body part(s) or health condition)

that occurred on or about 9/30, 20 18

RELEVANT MEDICAL INFORMATION INCLUDES records relating to a past history of complaints or treatment of a condition similar to that presented in the work injury claim or other conditions related to the same body part and may include:

- (1) Minimum data to justify services and payment, including that on the standard paper 1500 form or electronic 837 form.
- (2) Office visit notes, diagnostic reports, medical evaluations relating to the injury diagnosis or treatment.
- (3) Any other relevant provider records contained in the file.

Name: Nancy Dumont
(Print Claimant/Patient Name)

Date of Birth: * 3/5/13

* Nancy Dumont
Signature

* 1/7/19
Date