

CONSENT FORM - RELEASE OF INFORMATION

Designating and authorizing named persons to discuss all information relating to my industrial insurance claim.

Name of Claim Manager: _____

Address of TPA or LNI:

Injured Worker to fill out:

I hereby give permission for named organization/person(s) below to be granted authorization/release and consent to discuss of information relating to my industrial insurance claim(s) on my behalf. I give my express person and knowledge that I am authorizing the release of this information to the named individual(s).

Name: _____

Address: _____

Injured Worker's Signature

Date

Claim Number(s)

Please keep a copy of this form for your records. Send the Release of Information to the party by certified mail. You will receive the green signature card in the mail validating receipt of the authorization.