

**ASU Medical Records Release For Purposes of
Review and Processing of Workers' Compensation Claim**

I have been advised and I understand that:

(1) My health and medical information generally is protected by the Privacy Rule under the Health Insurance Portability and Accountability Act ("HIPAA"); but

(2) The Privacy Rule does not limit or abrogate the requirement of North Carolina's workers' compensation law that such information be disclosed to my employer, Appalachian State University ("ASU"), or to my employer's agent for worker's compensation purposes, Key Risk Management Services, Inc. ("KRMS"), in order that they, or either of them, may review and/or process my workers' compensation claim; and

(3) Under North Carolina General Statutes, § 97-25, and notwithstanding the provisions of any law relating to the privacy of medical records or information, an employer paying medical compensation to a health care provider rendering treatment under the Workers' Compensation law may obtain records of the treatment without the express authorization of the employee; and

My signature below authorizes _____ ("Health Care Provider") to release all of my health and/or medical information (including doctors notes and information about any medical procedures performed) in Health Care Provider's possession related to my workers' compensation claim based on a work-related injury or illness for which I have been treated beginning _____, to Appalachian State University Workers' Compensation Administrator and/or Key Risk Management Services, Inc. Such information All/information should be submitted to the address below. This authorization will continue in effect until the Workers' Compensation claim is closed by ASU or KRMS.

Signature

Employee Name (Printed)

Date of Birth

Social Security Number

Health Care Provider is to Send Health and Medical Information to:

Wanda Yates
ASU Safety Office
PO Box 32112
Boone, NC 28608
Phone: 828-262-4008
FAX: 828-262-6914