RISK MANAGEMENT
DEANNA L. ZALAS
DIRECTOR
161 N. Clark Street, Suite 2400B • Chicago, Illinois 60601 • (312) 603-6385

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS/EMPLOYMENT INFORMATION

To Whom This May Concern:

The undersigned hereby authorizes the disclosure of employment, medical and/or mental health records, including history or treatment notes, hospital records, diagnostic and lab results and interpretations, or any additional records of medical/mental health care, history, condition, diagnosis, and prognosis which may be in your possession or control, to the parties indicated below. You are hereby permitted to discuss my status in verbal or written format directly with representatives, and those acting on behalf of Risk Management as needed. I understand that the information to be released may no longer be covered by the privacy rules under HIPAA. A photocopy of this authorization shall be as valid as the original.

This request is subsequent to submission of my claim for workers' compensation benefits. I realize that my employer has a statutory right to information pursuant to provisions of the Illinois Workers' Compensation Act, 820 IL CS305/8(a), or administrative law.

Further disclosure by Risk Management and their representatives is permissible to facilitate claim processing, providing written notice to the undersigned is given. Authorization remains valid until revoked in writing or until my physicians rates my status as maximum medical improvement.

Authorized Agents/Representatives for Cook County Risk Management:
Department of Risk Management
Cook County Workers' Compensation Division 161 N. Clark Street – Suite 2400B
Chicago, IL 60601

Rising Medical Solutions
Via mail: 325 N. LaSalle Street – Suite 600; Chicago, IL 60654
Via fax: 888/316-7863

Custom Case Management
Via mail: 500 N. Randall Rd. #266; Batavia, IL 60510
Via fax: 312/212-5892

Signature: _____

Printed Name: _____

Date of Birth: _____

Date of Injury: _____

Date of Signature: _____