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Instructions Authorization for Release of Information

Required:

This document is required immediately after sustaining a work-related injury. The injured employee should complete this release form. This enables SORM to obtain copies of relevant medical documents from healthcare provider that will assist in the handling of the claim.

Filing Deadline:

The form must be received by SORM no later than the 5th calendar day after the First Report of Injury or Illness (DWC-1S) to the claimant's employer.

Completed by:

The employee must complete the form. If the employee is incapacitated, the spouse, child, or legal guardian may sign the form. **THIS FORM MUST BE SIGNED AND DATED.** The Claims Coordinator should make this form available for all injuries.

Instructions:

1. The injured employee must clearly print his or her name on the patient line.
2. The injured employee must clearly print his or her name on the second line.
3. The injured employee must sign and date the form.

Distribution:

The Claims Coordinator shall retain the original for the agency file and fax or mail a copy to:

State Office of Risk Management
PO Box 13777
Austin, TX 78711
Fax: (512) 370-9025

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Section 552.021 and 552.023 of the Government Code, an individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.