

AUTHORIZATION FOR RELEASE OF INFORMATION

MCS File: _____

Information Subject to the General Release.

<u>Provider</u>	
<input type="checkbox"/>	<p><u>Employment</u> Copies of any and all records including but not limited to all applications for employment, all prior employment verification information, all pre-employment background or health documentation, applications for insurance, insurance forms, all physician or medical reports or records of any kind pertaining to physical examination required for employment, continued employment, or health or disability insurance, all reports or records of job or other injury, attendance records, sick time records, vacation records, payroll records, W-2 forms, salary history, progress records, letters of complaint, layoffs or termination for any and all times, occasions or reasons, pertaining to the Person identified on the front of this Authorization Form.</p>
<input type="checkbox"/>	<p><u>Car Insurance</u> Copies of any and all claims files concerning claims including but not limited to PIP pay out sheets, medical records, bills and reports of treating an examining physician's statements of claims, correspondence, notes and documents concerning of any and all property damage claims files including but not limited to photographs, estimates, appraisals, payouts for property damage, and any documentation regarding property damage. Insured: Person identified on the front of this Authorization Form.</p>
<input type="checkbox"/>	<p><u>Social Security Benefits</u> Any and all records showing all payments and benefits received, and all benefits still available and not used by the Person identified on the front of this Authorization Form, including but not limited to any and all disability benefits, application for benefits, approval or denial of benefits and other social security benefits records regarding the above mentioned individual.</p>
<input type="checkbox"/>	<p><u>School</u> Copies of any and all school records, transcripts, attendance records, disciplinary reports, extracurricular activities, and cumulative records regarding the Person identified on the front of this Authorization Form.</p>
<input type="checkbox"/>	<p><u>Other</u></p>

Information Subject to the Health Information Release.

<u>Provider</u>	
<input type="checkbox"/>	<p><u>Employment</u> Copies of any and all records including but not limited to all applications for employment, all prior employment verification information, all pre-employment background or health documentation, applications for insurance, insurance forms, all physician or medical reports or records of any kind pertaining to physical examination required for employment, continued employment, or health or disability insurance, all reports or records of job or other injury, attendance records, sick time records, vacation records, payroll records, W-2 forms, salary history, progress records, letters of complaint, layoffs or termination for any and all times, occasions or reasons, pertaining to the Person identified on the front of this Authorization Form.</p>
<input type="checkbox"/>	<p><u>Pharmacy</u> Any and all prescription records kept in the regular course of business including but not limited to prescription prescribed, physicians prescribing medications, medication description, medication side effect print out, frequency medication being taken, billing, insurance and payment records, etc., and any and all records kept in your file regarding the below listed party; from the first date of treatment to the present (pertaining to the Person identified on the front of this Authorization Form).</p>
<input type="checkbox"/>	<p><u>Medical Insurance</u> Copies of any and all claim files concerning claims made by the below listed party including but not limited to pay out sheets, medical records, bills and reports of treating and examining physicians, state of claims, correspondence, notes and documents concerning any payments made to medical providers under the provisions of the policy. Insured: (the Person identified on the front of this Authorization Form).</p>
<input type="checkbox"/>	<p><u>Medical</u> Copies of any and all medical records, reports, charts, notes, diagrams, documents, papers, correspondence, memoranda, microfilmed document emergency room reports, billing information, x-ray films, MRI films, and/or films or of radiological studies and any and all other records of reports in your possession, custody or control, from the inception of your records to the present pertaining to the Person identified on the front of this Authorization Form.</p>
<input type="checkbox"/>	<p><u>Other</u></p>