

Iowa Workers Compensation

Instructions for Completing the Authorization to Release Information Form

Section 1: Employee Information - Must be completed by Applicant/Employer

- Name
- SSN
- DOB
- Address
- Employer Name
- Employer Address
- Date(s) of Injury (if known)

Section 2: Records to be Released – Applicant/Employer must indicate what records have been authorized for release for a specified period.

Section 3: Recipient(s) of Records – This section should contain the name of the Employer and the Consumer Reporting Agency (Data Facts, Inc.)

Section 4: Signature – This section must be signed and dated by the Applicant.

Once completed, the Release Form along with the Information Request Form can be faxed to Data Facts for processing. Please do not send

Authorization to Release Information

1. Employee Information.

I, the undersigned, provide the following information to allow the Iowa Division of Workers' Compensation (DWC) to identify me and verify that I signed this Authorization:

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Telephone Number: _____

Address: _____

2. Records to Be Released.

I authorize the DWC to release the following confidential information filed within the past _____ years:

- All confidential records of any nature
- Information from all First Reports of Injury (FROI)
- Information from all Subsequent Reports of Injury (SROI)
- All evidence received in contested case hearings
- All transcripts from contested case hearings
- Other (describe the records that you want released):

3. Recipient(s) of Records.

I authorize the DWC to release the confidential information identified in Section 2 to:

Name(s): _____

4. Signature.

I understand that I have the right under Iowa Code section 86.45 to keep confidential certain information filed with the DWC.

By signing this Authorization, I authorize the DWC to release the confidential information identified in Section 2 to the recipient(s) identified in Section 3.

X

 Signature

 Date

INFORMATION REQUEST FORM

1. Worker.

Full Name: _____
 Social Security Number: _____
 Date of Birth: _____

2. Employer.

Business Name(s): _____

3. Workers' Compensation Case(s).

File Number(s) (If Known): _____
 Date(s) of Injury (If Known): _____

4. Requestor.

Full Name: _____
 Organization (If Any): _____
 Email: _____
 Phone: _____

5. Public Information Requested (If Any).

Mark all public records you are requesting:

- Pleadings Motions Settlement applications Decisions Rulings Other described below

Describe the information you are requesting (if needed):

6. Confidential Information Requested (If Any).

Mark all confidential records you are requesting:

- First reports of injury Subsequent reports of claim activity Other described below

Describe the information you are requesting (if needed):

I may receive the requested confidential information because:

- I have included a waiver, signed by each person whose confidential information is sought, authorizing release of the information
- I am the employee whose information is filed with the Iowa Division of Workers' Compensation (DWC)
- I am a dependent of the employee whose information is filed with the DWC
- I am an attorney of the employee whose information is filed with the DWC
- I am an agent, representative, attorney, investigator, consultant, or adjuster of an employer, insurance carrier, or third-party administrator of workers' compensation benefits who is or was involved in administering a claim for such benefits related to the injury or death of the employee whose information is filed with the DWC
- I am a party to a contested case proceeding before the DWC in which the employee or dependent of the employee is a party
- The person or agent of the person who submitted the information to the DWC
- I am an agent, representative, attorney, investigator, consultant, or adjuster of an employer, insurance carrier, or third-party administrator of insurance benefits who is or was involved in administering a claim for insurance benefits related to the injury or death of the employee whose information is filed with the DWC
- I am an authorized agent of a governmental agency (identified as the "Organization" in the "Requestor" section above) that is charged with the duty of enforcing liens or rights of subrogation or indemnity.