

**Department of Labor & Workforce Development
Workers' Compensation Division
220 French Landing Drive
Nashville, Tennessee 37243-1002
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Toll Free 1-800-332-2667
TDD 1-800-848-0299
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NOTICE

***THIS NOTICE SUPERSEDES ANY PRIOR NOTICES
OR INFORMATION DISSEMINATED BY THE
WORKERS' COMPENSATION DIVISION.***

1. Any waiver or release for medical information related to a workers' compensation claim signed and furnished to a medical provider authorized by the employer prior to July 1, 2009, remains in effect. Replacing a prior waiver or release is not required by Public Chapter No. 486 (the "Overstreet" bill). The remaining provisions of Public Chapter No. 486, however, are applicable to all workers' compensation claims and communications with medical providers authorized by the employer, regardless of date of injury.
2. If a waiver or release for medical information related to a workers' compensation claim was not signed and furnished to a medical provider authorized by the employer prior to July 1, 2009, a waiver or release is now required by Public Chapter No. 486. For injuries on or after July 1, 2009, this waiver or release must include specific language as follows:

THIS MEDICAL AUTHORIZATION FORM ONLY PERMITS THE EMPLOYER OR THE DIVISION OF WORKERS' COMPENSATION TO OBTAIN MEDICAL INFORMATION THROUGH ORAL OR WRITTEN COMMUNICATION, INCLUDING, BUT NOT LIMITED TO, CHARTS, FILES, RECORDS, AND REPORTS IN THE POSSESSION OF A MEDICAL PROVIDER AUTHORIZED BY THE EMPLOYER PURSUANT TO T.C.A. § 50-6-204 AND A MEDICAL PROVIDER THAT IS REIMBURSED BY THE EMPLOYER FOR THE EMPLOYEE'S TREATMENT.

3. A sample waiver or release for medical information for a workers' compensation claim required by Public Chapter No. 486 is attached. This sample form may be used for injuries either before or after July 1, 2009, or you may develop another waiver or release form that complies with the law.

(7/22/09)

SAMPLE

MEDICAL WAIVER AND CONSENT

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

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I, _____, having filed a claim for workers' compensation benefits, do hereby authorize

(Name of Medical Provider)

to furnish to my employer or my employer's representative, and/or the Division of Workers' Compensation any information or written material reasonably related to my work-related injury for which I am claiming compensation

I further authorize the release of the same information to me or my attorney.

The authorization includes, but is not restricted to, a right to review and obtain copies of all records, x-rays, x-ray reports, medical charts, prescriptions, diagnoses, opinions and courses of treatment.

A photocopy of the authorization may be accepted in lieu of the original.

Dated: _____, 20____.

Patient

Social Security last four numbers

Witness