



Douglas County, Nebraska
AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

TO: Any Physician, Hospital, Pharmacist, or Other Provider of Health Care Services

I have filed a **workers' compensation claim** for medical treatment with my employer and request/authorize you to release all Healthcare information to:

Douglas County Risk Management
1819 Farnam Street
LC2 Civic Center
Omaha, NE 68183

and/or

OHARA, LLC
PO Box 89527
Sioux Falls, SD 57109-9527
Fax # 1-605-361-1106

This Authorization will automatically **expire in six (6) months** after the date signed unless otherwise requested.

EXPLANATION OF RIGHTS

I understand that:

- ◆ I can revoke this Authorization at any time by giving my written revocation to the Disclosing Provider. My revocation is not effective as to disclosures already made or actions already taken in reliance upon this Authorization.
- ◆ The disclosing provider may **NOT** condition treatment on whether I sign this Authorization.
- ◆ I am authorizing disclosure of information protected under federal law. This information, once disclosed, may be subject to re-disclosure by the recipient and no longer be protected by state or federal law.

Employee Name (please print)

Date of Birth

Employee Signature

Date