

**EMPLOYEE AUTHORIZATION FOR OWCA TO RELEASE  
CONFIDENTIAL WORKERS' COMPENSATION RECORDS**

**EMPLOYEE:** Please be aware that you **DO NOT** have to release all of your confidential information and you have a right to refuse to sign this document. You can choose to release only your public records, which includes: any final decision, award, or order of a workers' compensation judge. However, if you choose to release all of your confidential workers' compensation information, you **MUST** authorize the Office of Workers' Compensation Administration to release your confidential records information to anyone not a party to your workers' compensation claim. **\*This release must be attached to the Employee Workers' Compensation Records Request Form.**

<b>SECTION I: TO BE COMPLETED BY EMPLOYEE</b>	
<b>1. Employee's Full Name (Please Print)</b>	<b>2. Social Security Number</b>
<b>3. Street Address</b>	<b>4. Date of Birth</b>
<b>5. City, State, Zip</b>	<b>6. Phone Number</b>
<p><b>7. What records do you want to release?</b></p> <p><input type="checkbox"/> Only my workers' compensation claim(s) information that is considered <u>public record</u> under La. R.S. 23:1293(B)(1) which only includes: final decision(s), award(s), or order(s) of a workers' compensation judge.</p> <p align="center"><b><u>OR</u></b></p> <p><input type="checkbox"/> Any and all of my workers' compensation claim(s) information, including confidential information, medical records, wage information, etc. in the possession of the Office of Workers' Compensation Administration, Records Management.</p>	

I understand that the Louisiana Workers' Compensation Act, La. R.S. 23:1020.1, *et seq.*, provides that certain information regarding prior work related injuries may be released to a requesting party. By signing this authorization, I hereby voluntarily authorize the State of Louisiana, Office of Workers' Compensation Administration, Records Management Section to release only the information selected above in Section I and contained in my workers' compensation records, if any, to the Recipient named in Section II. This release may contain public and non-public records in my workers' compensation file(s) depending on my selection in Section I. This release is only for the recipient named in Section II and shall not be released to any third parties or any party not specifically named on this authorization.

This authorization will expire thirty (30) days from the date of signature.

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>SECTION II: RECORDS TO BE DISCLOSED TO</b>	
<b>1. Name of Recipient (Please Print)</b>	<b>2. Company Name (if applicable)</b>
<b>3. Street Address</b>	<b>4. Phone Number</b>
<b>5. City, State, Zip</b>	<b>6. Please state Recipient's relationship to the employee: *See Section III, Page 2.</b>

**SECTION III: IF THE RECIPIENT IS A PROSPECTIVE EMPLOYER\*\***

You must certify and sign the following:

I hereby certify the information sought by this authorization is made on an applicant for employment only after a conditional job offer has been made and accepted, or on a current employee for a purpose which is job related and consistent with business necessity. I further certify the information obtained in the authorization will **NOT** be used to discriminate in any manner against the individual who is the subject of this authorization on any basis, in violation of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, *et seq.*, or any other state or federal law, as applicable.

I am aware of the confidential and privileged nature of an employee's Workers' Compensation records, pursuant to La. R.S. 23: 1293.

Employer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*MUST BE NOTARIZED PRIOR TO RECORDS REQUEST**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
Notary Public's Signature

Print Name: \_\_\_\_\_

Notary ID: \_\_\_\_\_

My commission expires: \_\_\_\_\_