

Requestor Form for Workers' Compensation-Related Disclosures through Discussion, Communication, Telephone Conference and Deposition

(To be completed by representative of the employer or carrier)

Patient (Employee) Name: _____

Date of Birth: _____

Social Security No.: XXX-XX-__ __ __

Chart No. _____

Disclosure Type Requested: _____ Discussion
_____ Telephone Conference
_____ Communication
_____ Deposition

I notified the above patient (employee) of the discussion, communication, telephone conference or deposition in a timely fashion.

I notified the patient (employee) that he or she may attend and participate in the above requested discussion, communication, telephone conference or deposition.

I advised the patient (employee) of the nature of the discussion, communication, telephone conference or deposition prior to its occurrence.

I provided the patient (employee) with a copy of any written questions at the same time that any written questions were given to the health care provider.

I shall provide the patient (employee) with a copy of the health care provider's written response, if any, to any written questions that I may have submitted.

I understand that any discussion or communication must not conflict with or interfere with the patient's (employee's) examination or treatment.

Date

Signature of Employer Representative/Carrier Representative

Printed Name of Employer Representative/Carrier Representative

Association Name

Association Address

Contact Phone Number

Effective 3/12/08