



Department of Inspections,
Appeals, & Licensing

WORKERS' COMPENSATION DIVISION

Authorization to Release Confidential Information to Third Party

DIAL's Workers' Compensation Division must keep certain information confidential under Iowa Code section 10A.333.

Completion of this form authorizes DIAL to release confidential information to a third party.

1. Employee Information.

I, the undersigned, provide the following information to allow 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 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 DWC to release the confidential information identified above to the following person:

Name(s): _____

4. Signature.

I understand that I have the right under Iowa Code section 10A.333 to keep confidential certain information filed with DIAL.

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

X

Signature

Date