



# IOWA DIVISION *of* WORKERS' COMPENSATION

## Authorization to Release Confidential Information to Third Party

Form 14-0169

The Iowa Division of Workers' Compensation (DWC) must keep certain information confidential under Iowa Code section 10A.333.

Completion of this form authorizes DWC 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 DWC.

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