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State of New York  
WORKERS' COMPENSATION BOARD

CLAIMANT'S AUTHORIZATION TO DISCLOSE WORKERS' COMPENSATION RECORDS  
(Pursuant to Workers' Compensation Law Section 110-a)

PLEASE COMPLETE ALL ITEMS. AN INCOMPLETE FORM WILL DELAY THE PROCESSING OF YOUR REQUEST.

Claimant's Name	Claimant's Social Security No.	Case Number <input type="checkbox"/> WCB <input type="checkbox"/> DB <input type="checkbox"/> Discrimination and/or Date of Accident
IF RELEASE IS AUTHORIZED FOR ADDITIONAL CASE FILE(S), IDENTIFY BELOW BY WCB/DB/DC CASE NUMBER AND/OR DATE OF ACCIDENT(S).		
CLAIMANT IS PROHIBITED FROM AUTHORIZING RELEASE OF WORKERS' COMPENSATION INFORMATION TO PROSPECTIVE EMPLOYERS OR IN CONNECTION WITH ASSESSING FITNESS OR CAPABILITY OF EMPLOYMENT.		

INSTRUCTIONS:

Submit original to the Workers' Compensation Board and retain a copy for your records. *Authorization for disclosure of records for certain purposes is not valid under the law. See excerpt of WCL Section 110-a on the reverse of this form.* This authorization is effective until it is revoked by the claimant. Claimant may revoke this authorization at any time upon written notice to the Workers' Compensation Board.

THIS AUTHORIZATION DOES NOT PERMIT eCASE ACCESS.

Pursuant to Section 110-a of the Workers' Compensation Law, I, \_\_\_\_\_  
Claimant's Name

represent that I am a person who is/was the subject of the Workers' Compensation case(s) indicated

above and I authorize the Workers' Compensation Board to discuss the above-referenced Worker's

Compensation Board records with and/or release a copy of the above-referenced records to

**Orthopedic Associates, at 65 Pennsylvania Avenue, Binghamton NY 13903.**

I understand that the requesting party may be required to pay a statutory fee prior to being provided  
copies of these records by the Workers' Compensation Board.

\_\_\_\_\_  
Claimant's Signature (ink only)

\_\_\_\_\_  
Date

Failure to provide the information requested on this form will not result in the denial of your authorization, but may delay the processing of your request. The voluntary release of your social security number enables the Board to ensure that information is associated with, and quick action is taken on, your request.