



**Access Request—Workers' Compensation
Hillsborough County
Request for Access to Protected Health Information
Pertaining to Workers' Compensation**

Directions: This form is to be used whenever there is a request for access to an individual's protected health information as it pertains to workers' compensation. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Read this page carefully and sign the access request to confirm that you understand its content.

Date: _____

Provide the name, title, organization and phone number of person making request or receiving information:

The information is in regard to:

Individual's full name: _____

SSN or other patient identifier: _____

This request is:

- Authorized by and to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Verification of requestor's identity: _____

Verification of requestor's authority (if applicable): _____

Print name of requestor: _____

Original Signature of Requestor: _____

Date: _____

<p><i>For internal use only:</i> Date Received: _____ Recipient: _____</p>
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