

Genesee County-Risk Management
1101 Beach Street 3rd Floor
Flint, MI 48502
FAX 810-257-3502

The ASU Group
PO Box 77
Okemos, MI 48805-0077
FAX 517-349-9063

Medical Provider: _____

Date: _____

DO NOT WRITE ABOVE THIS LINE

AUTHORITY FOR RELEASE OF INFORMATION

I authorize any physician, medical practitioner, hospital, clinic, other medical or facility, insurance company, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me relative to current on-the-job injury, and any other non-medical information of me, to give to the Genesee County Risk Manager or the Genesee County third party administrator, currently, The A.S.U. Group, Inc., any and all such information.

I understand the information obtained by use of this authorization will be used by the Genesee County Risk Manager and or The A.S.U. Group, Inc. in connection with determining the eligibility for Workers Compensation Benefits. Any information obtained will not be released by the Genesee County Risk Manager or The A.S.U. Group, Inc. to any person or organization EXCEPT to other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or as I may further authorize.

I know that I may request a copy of this Authorization.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I agree this Authorization shall be valid for two and one half years from date shown below.

Signed this _____ day of _____, 20__.

DATE

MONTH

PRINT OR TYPE NAME

EMPLOYEE SIGNATURE

WITNESS NAME- PRINT OR TYPE

WITNESS SIGNATURE