WRIGHT REHABILITATION SERVICES
Managing Cases to Successful Conclusions

Release of Information

This release will hereby authorize a representative of The Wright Rehabilitation Services, Inc. to obtain medical records from all physicians that have treated you in the past for both work and non work related conditions. The Wright Rehabilitation Services, Inc. also has permission to share medical records and other supporting documents in order to provide necessary services in your behalf. The information used or disclosed may be subject to re-disclosure by the firm receiving it and would then no longer be protected by federal privacy regulations.

This authorization for Release of Information may be revoked at any time by notifying The Wright Rehabilitation Services, Inc. in writing of the desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions.

I agree that a Photo static copy of the Authorization for Release of Information shall be considered as a valid original.

Injured Worker/Beneficiary: _____
(please print)

Date: _____

Attorney Signature: _____

Date: _____

National Coverage Available

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