

UNION PACIFIC RAILROAD COMPANY AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION (HIPAA COMPLIANT)

I HEREBY AUTHORIZE any doctor, hospital, rehabilitation counselor, or any other

HEREBY AUTHORIZE	any doctor, nos	o release the	information spe	ecified below to
provider of medical or rehabilitation UNION PACIFIC RAILROAD C	OMPANY ("Un	ion Pacific")	•	,
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CLAIMANT NAME				
SOCIAL SECURITY NO.		,		
DATE OF INJURY				
I UNDERSTAND that the	:-Cetion out	orized includ	es matters with	respect to loss
I UNDERSTAND that the	INIONNATION and	OTADA -		•
and the control of the date sou	JWII AUUYS			
I AUTHORIZE the release as to my diagnosis, treatment prog the treatment thereof; as well as Pacific or to its representatives.	my medical his	tory, or non-	medical inform	nation to Othon
I UNDERSTAND that the claim for personal injuries. The repartition released by Union Parand is subject to redisclosure by the I UNDERSTAND that I claims Representative in writing.	nizations performicific may no longer recipient. may revoke this	ing a service of the subject authorization	related to the alt the federal pri	ivacy protections the Union Pacific
I AGREE that a photocop Authorization shall expire 90 da injury claim.	by of this Author ys following set	ization shall l tlement, if ar	be as valid as the start of my above	he original. This re noted personal
			•	200
SIGNED AT	, this	day of	(month)	(year)
SIGNED AT (City, State)	(date)	•		
		·		
			(Claimant Signati	nic)
WITNESSES:	•			
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I HEREBY AUTHORIZE any doctor, hospital, rehabilitation counselor, or any other er of medical or rehabilitation services to me, to release the information specified below to

CLAIM					
	ANT NAME				
SOCIAL SEC	URITY NO.	 			
	OF INJURY			,	
or injuries sustained	on the date show	n adovc.			th respect to loss
as to my diagnosis, the treatment therec Pacific or to its repre	reament progno of; as well as m esentatives.	ly medical hi	istory, e r non	medical infor	
claim for personal in Pacific, except to per information released and it subject to red	njuries. The info seems or organiza Lby Union Pacif isclesure by the r	ormation obta ation s perford i c may no les ecipie nt.	med win not e nin g a service : nge r be subjec t	the federal p	rivacy protections
Claims Representati	ve in writing.				the Union Pacific
I AGREE to	nat a photocopy expire 90 days	of this Author following set	rization shall l ttlement, if an	ne as valid as t y, of my abo	the original. This we noted personal
injury claim.					1
injury claim.	(City, State)	this (date)	day of	(month)	200 (year)