

**ANS Rehab Consulting LLC**  
305 Tallwoods Lane  
Green Brook, NJ 08812

**HIPAA CONSENT TO RELEASE FORM**

The Privacy Act of 1974 (Public Law 93-579) prohibits the government from revealing information from personal files without the express written permission of the person involved. Disclosure of personal records to an attorney or other representative who is acting on behalf of another person is prohibited, unless the individual to whom the record pertains has consented.

I, \_\_\_\_\_, hereby authorize my treating medical providers to disclose, discuss, and/or release, orally or in writing, information related to my workers' compensation injury to ANS Rehab Consulting. This information may be further disclosed to the Workers' Compensation Carrier and/or Defense Counsel.

This consent is for my current workers' compensation claim dated \_\_\_\_\_ and is on an ongoing basis. An additional consent to release form will not be necessary unless or until I revoke this authorization (which must be in writing).

**If your Power of Attorney (POA) or legal representative signs this form for you, a copy of their POA or representation papers must be sent to us with this form**

\_\_\_\_\_  
Claimant's or Legal Representative Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date of Injury

\_\_\_\_\_  
Health Insurance Claim Number  
(If currently entitled to Medicare)