

R.I. Department of Labor & Training
Temporary Disability Insurance Division
Center General Complex
P.O. Box 20070
Cranston, RI 02920-0941



Telephone: (401) 462-8420 Fax: 401-462-8466
TTY Via RI Relay 711

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Please provide this to your Qualified Healthcare Provider or Facility. Do not send to TDI.

Doctor's Name: _____
Doctor's Address: _____

Patient's Date of Birth: _____
Last 4 Digits of Patient's S.S. #: _____

Patient's Name: _____
Patient's Address: _____

You are hereby authorized to furnish and release to the Rhode Island Department of Labor & Training, Temporary Disability Insurance Division (TDI), any information and records it requests **via the required TDI forms** or specialized requests concerning findings, treatment rendered and medical opinions as to my condition, including authorization to release Mental Health, Behavioral Health, Psychiatric Records or Psychotherapy notes as a result of my illness and/or injury for which I received treatment and claiming TDI benefits commencing on:

Date: _____

The forms or specialized requests may include but not limited to:

- TDI- 3 QHP Statement Form
- TDI-3C Clinical Update Form
- Chart Review Form
- Discharge Summary Records
- Short Stay Form
- Emergency Room Records

I understand that my records are protected under federal privacy laws and regulations and under the RIGL and cannot be disclosed without my written consent except as otherwise provided by law. I also understand that if my records involve alcohol or drug abuse or HIV (AIDS) testing, they are further protected under Federal Regulations 42 CFR part 2, Confidentiality of Alcohol and Drug Abuse. I hereby release the above named healthcare provider or facility from all liability arising from this disclosure of my protected health information.

This authorization will expire upon my completion of treatment for this illness and/or injury, and it may be withdrawn at any time by submitting written notification of its withdrawal.

Please Note:

- Pursuant to Rule 16 of the Rhode Island Department of Labor & Training- Temporary Disability Insurance Act, a claimant is required to be examined by a Qualified Healthcare Provider within the calendar week in which the first day of unemployment due to sickness occurs or during the calendar week immediately preceding or following the disability date.
- TDI is not responsible for **costs incurred** copying medical records or completing medical certification forms. Any and all costs are the responsibility of the claimant/patient.

Signature of Patient or Patient's Legal Representative

Date

Please deliver this signed medical release form to your Qualified Healthcare Provider (Physician, Hospital, or Medical Facility) immediately. Failure to do so may delay the processing of your TDI claim.