



# Oregon

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**BULLETIN NO. 281 (Rev.)  
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**TO:** All Interested Parties

**SUBJECT:** Form 440-2476, "Request for Release of Medical Records for Oregon Workers' Compensation Claim"

**The purpose of this bulletin is to provide a form that may be used to obtain the release of medical records relevant to a worker's compensation claim. The form has not changed. The bulletin has been updated and simplified. This bulletin supersedes Bulletin 281 issued April 15, 1999.**

Under ORS 656.252, when a custodian of medical records releases information in accordance with department rules, the releasing party incurs no legal liability for the disclosure.

1. Worker-signed Forms 801 and 827 continue to give medical providers and other custodians of the claim record the authority and responsibility to release relevant medical records to the insurer, the insurer's representative, or the director of the department.
2. If there is no worker-signed Form 801 or 827, or if the requester is someone other than the insurer, the director of the department, the injured worker, or the worker's attorney, the requester may use the attached Form 2476 or its own form that includes all of the elements of Form 2476.

If you have questions about Form 2476 or this bulletin, please contact the Benefit Consultation Unit, (503) 947-7585.

/s/ John L. Shilts

John L. Shilts, Administrator  
Workers' Compensation Division

Attachment: Form 440-2476

Distribution: WCD-ID, S0, S1, S4, S7, LY