

~~(1)~~ (1) a claim application form; ~~{and}~~

~~(2) AN AUTHORIZATION FOR THE SIMULTANEOUS RELEASE OF ALL RELEVANT MEDICAL INFORMATION; AND~~

[(2)] ~~(3)~~ (II) if the covered employee was attended by a physician chosen by the covered employee, the report of the physician.

(2) (I) A CLAIM APPLICATION FORM FILED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE AN AUTHORIZATION BY THE CLAIMANT FOR THE RELEASE, TO THE CLAIMANT'S ATTORNEY, THE CLAIMANT'S EMPLOYER, AND THE INSURER OF THE CLAIMANT'S EMPLOYER, OR AN AGENT OF THE CLAIMANT'S ATTORNEY, THE CLAIMANT'S EMPLOYER, OR THE INSURER OF THE CLAIMANT'S EMPLOYER, OF MEDICAL INFORMATION THAT IS RELEVANT TO:

1. THE MEMBER OF THE BODY THAT WAS INJURED, AS INDICATED ON THE CLAIM APPLICATION FORM; AND

2. THE DESCRIPTION OF HOW THE ACCIDENTAL PERSONAL INJURY OCCURRED, AS INDICATED ON THE CLAIM APPLICATION FORM.

(II) AN AUTHORIZATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH:

1. INCLUDES THE RELEASE OF INFORMATION RELATING TO THE HISTORY, FINDINGS, OFFICE AND PATIENT CHARTS, FILES, EXAMINATION AND PROGRESS NOTES, AND PHYSICAL EVIDENCE;

2. IS EFFECTIVE FOR 1 YEAR FROM THE DATE THE CLAIM IS FILED; AND

3. DOES NOT RESTRICT THE REDISCLOSURE OF MEDICAL INFORMATION OR WRITTEN MATERIAL RELATING TO THE AUTHORIZATION TO A MEDICAL MANAGER, HEALTH CARE PROFESSIONAL, OR CERTIFIED REHABILITATION PRACTITIONER.

(b) (1) Unless excused by the Commission under paragraph (2) of this subsection, failure to file a claim in accordance with subsection (a) of this section bars a claim under this title.