

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

~~[(2)]~~ ~~(3)~~ (II) proof of death;

~~[(3)]~~ ~~(4)~~ (III) certificates of any physician who attended the covered employee; and

~~[(4)]~~ ~~(5)~~ (IV) any other proof that the Commission may require by regulation.

(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 COVERED EMPLOYEE'S EMPLOYER, AND THE INSURER OF THE COVERED EMPLOYEE'S EMPLOYER, OR AN AGENT OF THE CLAIMANT'S ATTORNEY, THE COVERED EMPLOYEE'S EMPLOYER, OR THE INSURER OF THE COVERED EMPLOYEE'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.

(c) (1) If it is established that a failure to file a claim in accordance with this section was caused by fraud or by facts and circumstances amounting to an