

Instructions for Completing the Request to Erase (Redact) Medical Information from an Audio Recording

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Claimant” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

Use numbers only to fill in the fields for phone number and dollar amounts. Do not use dashes, parentheses or dollar signs; when you tab out of the field, it will fill in automatically. If a dollar amount contains cents, do type the period. To fill in a **check box**, click inside the box with your mouse.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To clear all information on a single page, click on the red “**Clear This Page**” button. To change the information in one field, use the backspace or delete key.

Request to Erase (Redact) Medical Information from an Audio Recording

[← Back to Instructions](#)

Clear Entire Form

To: Colorado Division of Workers' Compensation
Attn: Customer Service Unit
633 17th Street, Suite 400
Denver, CO 80202-3626

W.C. No:

From:
Claimant name

Address:

Insurer/ Employer:

Claim No:

**"Fillable Fields"
Click and Type**

**"Clear This Page" button
Clears all information from a
single page**

I, the injured worker, recently had an examination. I have received and listened to a copy of the audio recording of that examination. During the examination I made statements concerning a medical condition that I believe should remain private because the condition is not connected to my workers' compensation claim. I am asking that the part(s) of the recording that contain this information be erased from the recording.

In order for this request to be considered I must describe, in general, the medical information I believe was private. I am not asking that any information included in the written report be erased. Since I believe this information is private I do not want to provide too much detail, but I understand I must provide enough information that a judge can find the discussion on the recording and decide whether it should remain private. The information is not relevant to my workers' compensation claim, and I am formally requesting that this information be redacted (erased) from the audio recording.

The information is contained in the recording at time marker: (if available)

The following is a general description of information that I request be deleted from the recording:

Request to Erase (Redact) Medical Information from an Audio Recording

To: Colorado Division of Workers' Compensation
Attn: Customer Service Unit
633 17th Street, Suite 400
Denver, CO 80202-3626

W.C. No: _____

From: _____
Claimant name

Address: _____

Insurer/ Employer: _____

Claim No: _____

I, the injured worker, recently had an independent medical examination. I have received and listened to a copy of the audio recording of that examination. During the examination I made statements concerning a medical condition that I believe should remain private because the condition is not connected to my workers' compensation claim. I am asking that the part(s) of the recording that contain this information be erased from the recording.

In order for this request to be considered I must describe, in general, the medical information I believe was private. I am not asking that any information included in the written report be erased. Since I believe this information is private I do not want to provide too much detail, but I understand I must provide enough information that a judge can find the discussion on the recording and decide whether it should remain private. The information is not relevant to my workers' compensation claim, and I am formally requesting that this information be redacted (erased) from the audio recording.

The information is contained in the recording at time marker: _____ (if available)

The following is a general description of information that I request be deleted from the recording:

Signature

I am providing this form to the Division of Workers' Compensation along with a copy of the audio recording and a copy of the written medical report. I understand that I must send a copy of just this completed form to the doctor that examined me and to the adjuster or the insurer's attorney handling my claim.

CERTIFICATE OF SERVICE: Copies of this document were placed in the U.S. Mail or hand-delivered to the following parties this _____ of _____, _____.

List the names and addresses of all the persons copied:

Insurer/ Employer: _____

Examining Physician: _____

By: _____
Signature