



Case Copies Request Form

New York Workers' Compensation Law (WCL) § 110-a governs access to records containing claimant individually identifiable information. In order to receive case copies, a requester must prove their status as a party of interest to the claim or provide an appropriate authorization that complies with WCL § 110-a(3). The Board prescribed form is the OC-110A (<https://www.wcb.ny.gov/content/main/forms/oc110a.pdf>). Complete the form in its entirety, with "n/a" for any fields that do not apply. Incomplete forms will not be processed.

A WCL § 110-a(3) compliant authorization must be on file unless the requester is a direct party of interest.

It is strictly prohibited for a party of interest or a party authorized to access records pursuant to a WCL § 110-a(3) compliant authorization to request records be released to a third party without proper authorization.

Requester Information:

| | |
|---|--|
| Requester Name/Business Name: | |
| Requester Mailing Address: | |
| Requester Email Address: | |
| Requesters Role: <small>Claimant/Employer/Medical Provider, Etc.</small> | |
| If Claimant Representative Include R#: | |

*For requesters granted access pursuant to form OC-110A, if the email address provided on this form is not identical to that listed on form OC-110A, or a recognizable private, professional domain of the authorized party, records will be sent to the e-mail address listed on form OC-110A.

OC-110A Status:

- OC-110A already in the case file. Document ID or date submitted if known _____
- OC-110A submitted with this document.
- OC-110A is not necessary as the requester is a party of interest.
- Other original (wet ink signature) and notarized authorization, compliant with WCL § 110-a(3), has been submitted. Document ID or date submitted if known: _____

Records Requested:

The records requested must be reasonably described to enable Board staff members to locate the records sought.

| | |
|---|----------------------|
| Claimant Name: | |
| WCB Case Number and/or Date of Injury (required): | |
| Claimant's SS# (last four digits): | Carrier Case Number: |
| Employer: | |

| Document Types: | Record Dates Requested: |
|---|-------------------------|
| <input type="checkbox"/> All Documents | |
| <input type="checkbox"/> Medical Reports | |
| <input type="checkbox"/> IME Reports | |
| <input type="checkbox"/> Decisions | |
| <input type="checkbox"/> Accident Reports | |
| <input type="checkbox"/> Other (Describe) | |



Verification Process:

All requesters, including parties of interest and non-parties of interest requiring a WCL § 110-a(3) compliant authorization, must be verified by providing sufficient identifiers. Most requesters may be verified by providing the information requested in the Requester Information and Records Requested sections of this form. See **“Purpose of this Form”** for a complete list of identifiers for each type of POI. **Incomplete verification information may result in a denial or delay of your request.**

Claimants may provide additional information from their case file, including:

| | |
|--|------------------------|
| Date of Birth: | Phone Number: |
| Injury Site (Body Part Injured): | |
| Where Accident Happened (City/County): | |
| Carrier Name: | |
| Name of Treating Doctor or Hospital: | |
| Name of Claimant’s Attorney: | |
| Date of Last Hearing/Meeting: | Date of Last Decision: |
| Case Findings (AWW, Rate of Comp, ANCR/ODNCR): | |

I certify, as the requester, that I am requesting these records for a proper purpose under WCL § 110-a, that I am not requesting these records in connection with assessing fitness or capability for employment (see WCL §§ 110-a(3) and 125), and that I will not unlawfully re-disclose these records (see WCL § 110-a[4]).

Signature

Date

Submit This Form:

| Email | Mail | Web Upload |
|--|--|---|
| wcbclaimsfilings@wcb.ny.gov | NYS Workers’ Compensation Board Centralized Mailing Address PO Box 5205 Binghamton, NY 13902-5205 | https://wcbdoc.services.conduent.com/ |

Purpose of This Form

This form is to request copies of records from a specific New York Workers' Compensation claim (or multiple specific claims). Requesters must be verified as follows:

Requesters authorized pursuant to form OC-110A or WCL § 110-a(3) compliant notarized letter authorization must provide:

| Required | Any 2 of The Following |
|------------|---|
| WCB Number | Authorized person name Authorized person address Employer name Date of injury Last 4 digits of claimant's SS# |

Claimants must provide either 2 primary identifiers or 1 primary identifier and 3 secondary identifiers. It is best to provide as many identifiers as possible to ensure the information you provide matches the information used when your case was assembled.

| Primary Identifiers | Secondary Identifiers |
|---|--|
| WCB Number Last 4 digits social security number Carrier case number | Employer Name Date of accident Date of birth Injury site (body part) Current or past address Current phone number Carrier name Location of accident Name of treating doctor or hospital Name of attorney Hearing site (location) Date of last hearing/meeting Date of last decision Case findings |

*Beneficiaries or persons held responsible for a Claimant who is a minor are verified using the same criteria as the Claimant.

Employers, carriers/TPAs, their attorneys, and claimant's attorneys must provide the following:

| Required |
|--|
| WCB number Date of injury Carrier case number (if unknown, last 4 digits of claimant's social security number) |
| Attorneys may also provide R# or date of retainer. |

Treating Medical Providers must have at least one C-4/Medical Report or C-4 AUTH in the case file (or case assembly).

| Required | Any 2 of The Following |
|------------|--|
| WCB Number | Date of injury Carrier case number Last 4 digits of claimant's social security number Other information from Form C-4 (date of birth, etc) |

Note: Independent Medical Examiners are not provided direct access and should refer to the entity who engaged their services.

Note: *Unless otherwise specified, when a business entity is provided access, all staff members employed by that business entity are granted access. The Board is not responsible for changes in staff or contact information on the part of the requester.*

It is strictly prohibited for a party of interest **or a party authorized to access records pursuant to a WCL § 110-a(3) compliant authorization** to request records be released to a third party without proper authorization. Pursuant to WCL § 110-a(3), a request must come directly from the person or entity who is granted access.

Third parties must include an authorization in compliance with Workers' Compensation Law § 110-a, such as the current form OC-110A. Note that the "person" to whom a record is released may be a business entity, but **authorization** does not **extend to** separate agents of that business entity such as records collection or copying services. **Agents must be specifically authorized (which may be done on the same authorization form)**. The e-mail address to receive the records must be the same as or identifiably affiliated, via a private, professional e-mail domain, with the e-mail address listed on the authorization.

Workers' Compensation Law §§ 110-a(3) through 110-a(6):

Individual authorization. Notwithstanding the restrictions on disclosure set forth under subdivision one of this section, a person who is the subject of a workers' compensation record may authorize the release, re-release or publication of his or her record to a specific person not otherwise authorized to receive such record, by submitting written authorization for such release to the board on a form prescribed by the chair or by a notarized original authorization specifically directing the board to release workers' compensation records to such person. However, in accordance with section one-hundred twenty-five of this article, no such authorization directing disclosure of records to a prospective employer shall be valid; nor shall an authorization permitting disclosure of records in connection with assessing fitness or capability for employment be valid, and no disclosure of records shall be made pursuant thereto. It shall be unlawful for any person to consider for the purpose of assessing eligibility for a benefit, or as the basis for an employment-related action, an individual's failure to provide authorization under this subdivision.

It shall be unlawful for any person who has obtained copies of board records or individually identifiable information from board records to disclose such information to any person who is not otherwise lawfully entitled to obtain these records.

Any person who knowingly and willfully obtains workers' compensation records which contain individually identifiable information under false pretenses or otherwise violates this section shall be guilty of a class A misdemeanor and shall be subject upon conviction, to a fine of not more than one thousand dollars.

In addition to or in lieu of any criminal proceeding available under this section, whenever there shall be a violation of this section, application may be made by the attorney general in the name of the people of the state of New York to a court or justice having jurisdiction by a special proceeding to issue an injunction, and upon notice to the defendant of not less than five days, to enjoin and restrain the continuance of such violations; and if it shall appear to the satisfaction of the court or justice that the defendant has, in fact, violated this section, an injunction may be issued by such court or justice, enjoining and restraining any further violation, without requiring proof that any person has, in fact, been injured or damaged thereby. In any such proceeding, the court may make allowances to the attorney general as provided in paragraph six of subdivision (a) of section eighty-three hundred three of the civil practice law and rules, and direct restitution. Whenever the court shall determine that a violation of this section has occurred, the court may impose a civil penalty of not more than five hundred dollars for the first violation, and not more than one thousand dollars for the second or subsequent violation within a three year period. In connection with any such proposed application, the attorney general is authorized to take proof and make a determination of the relevant facts and to issue subpoenas in accordance with the civil practice law and rules.

Abbreviations:

| | |
|-------|--|
| Board | New York State Workers' Compensation Board |
| DB | Disability |
| ITIN | Individual Taxpayer Identification Number |
| PFL | Paid Family Leave |
| SSN | Social Security Number |
| WC | Workers' Compensation |