

DIRECTIVES regarding request of Medical Malpractice Information

Protocol for **Outside Agencies inquiring of medical malpractice information.**

An official request via **US MAIL** or *Initial* fax to **504-568-8807** on the agency's letterhead along with a copy of a signed release to

LSUHSC NO
Risk Management – Malpractice Division
Attn: Cynthia Scott
433 Bolivar Street, # 815
New Orleans, LA 70112

Protocol for **FORMER employee, student and staff inquiring of malpractice information.**

The requestor must *submit* a letter requesting confirmation of proof of coverage and/or claims history naming the designated entity (including mailing address and fax number)

If the requestor wishes to receive a copy of the confirmation, the requestor must include a mailing address as well.

The letter/ request authorizing release of information must be signed and placed in **US MAIL** for reception of processing to:

LSUHSC NO
Risk Management – Malpractice Division
Attn: Cynthia Scott
433 Bolivar Street, # 815
New Orleans, LA 70112

Protocol for **Existing/Current/Active employees inquiring of medical malpractice information.**

The Malpractice Request Form must be completed, and the recipient's name, mailing address and fax number must be provided. If requestor will be separating from the LSUHSC system, it is advantageous to complete the form naming requestor's future employer or insurer before requestor's departure date to avoid a delay in credentialing and/or job placement.

The EMPL ID and Start date must be indicated on all documents in top right corner of the malpractice form.