

CMS CONSENT TO RELEASE

The Privacy Act of 1974 (Public Law 93-579) prohibits the government from revealing information from personal files without the express written permission of the person involved. Disclosure of personal records to an attorney or other representative who is acting on behalf of another person is prohibited, unless the individual to whom the record pertains has consented.

I, _____, hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors to disclose, discuss, and/or release, orally or in writing, information related to my injury, illness, and/or settlement to the individual(s) and/or firm(s) listed below. This consent is for my current workers' compensation claim and is on an ongoing basis. An additional consent to release form will not be necessary unless or until I revoke this authorization (which must be in writing).

Claimant further consents to the release of certain medical information related to his/her workers' compensation claim by said claimant's treating physician or health care provider. Claimant consents to the release of his/her complete medical and psychological file (including all reports, summaries, diagnoses, prognoses, histories, and other records from Claimant's doctors, nurses, technicians, therapists, consultants, screeners, and all other health care or health related personnel and facilities); medical records from CMS (and all other health agencies) needed to complete Medicare Set-Aside Allocation and cost projections; confirmation of Social Security benefits (SSD, SSI, SSR) to identify entitlement status and dates; confirmation of Medicare/Medicaid benefits and payment information to identify entitlement status and dates; insurance documents relating to settlement of claims; written authorization to obtain resolution for Medicare liens and other matters to comply with the Medicare Secondary Payer Act.

Claimant acknowledges that the information used or disclosed may be subject to re-disclosure, and in such event may no longer be protected by Federal privacy regulations. Accordingly, Claimant hereby releases those entities identified below, and their employees and representatives, from all liability arising from the disclosure of such information hereunder.

Release information described above to:

PLEASE CHECK:

Claimants attorney

(Name and/or Firm)

Defense attorney

(Name and/or Firm)

Insurance carrier

(Name and/or Firm)

MSA Provider

(Name and/or Firm)

Claimant's Signature

Date Signed

Date of Injury

Social Security No. or Health Ins. Claim No.