

## CONSENT TO RELEASE FORM

### *(Authorization for Review and/or Release of Protected Health Information)*

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/We, the undersigned, hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors and/or my doctors and/or other healthcare providers to disclose, discuss, and/or release, orally or in writing, information related to my worker's compensation (or Longshore) injury and/or settlement to a representative of CompEx and/or Wendy V. Schreck, P.A. and/or Wendy V. Schreck, Esquire. I/We, the undersigned, further authorize a representative of CompEx and/or Wendy V. Schreck, P.A. and/or Wendy V. Schreck, Esquire to speak with my/our doctors, healthcare providers, and/or insurance adjusters in connection with my/our worker's compensation (or Longshore) injury and/or settlement. This consent and authorization is for my current worker's compensation (or Longshore) claim and is on an ongoing basis. An additional consent to release form will not be necessary unless or until I revoke this release/authorization (which must be in writing).

1. The type and amount of information to be used or disclosed is as follows:
  - a. Entire medical record
  - b. Social Security Number
  - c. Identifying information (includes date and place of birth, parents' names)
  - d. Monthly Social Security benefit amount
  - e. Monthly Supplemental Security Income payment amount
  - f. Information about benefits/payments I received at any time
  - g. Information about my Medicare claim/coverage at any time
  - h. Date of Medicare entitlement, basis for entitlement and whether or not Medicare has paid any medical claims or filed any liens
  - i. Date applied for Disability Benefits, status of my application, date Social Security Disability benefits started, amount of initial benefit paid (excluding subsequent cost of living increases), and whether or not any offset pursuant to 42 U.S.C. Section 424 has been taken
  - j. History and Physical
  - k. Consultations
  - l. Discharge Summary
  - m. Operative Report
  - n. Pathology Report
  - o. Physician Progress Notes
  - p. Physician's Orders
  - q. Physical Therapy Records
  - r. Nurses Notes
  - s. Laboratory Reports
  - t. Photographs
  - u. X-ray and/or imaging reports or films
  - v. MRI reports or films
  - w. Problem List
  - x. Medication List



**Notice to Patient about the Collection and Use of Medicare Information (Privacy Act Statement)**

The Social Security Act mandates the collection of this information. The purpose of collecting this information is to properly pay medical insurance benefits to you or on your behalf.

Information collected may be given to health insurance providers and suppliers of services (and their authorized billing agents) directly or through fiscal intermediaries or carriers, for administration of title XVIII; and to an individual or organization for a research evaluation, or epidemiological project related to the prevention of disease or disability, or the restoration or maintenance of health.

The identification number we are using is your Medicare Health Insurance Number. While furnishing the information on this form is voluntary, the Medicare program may not be able to make accurate claims payment when the requested information is not available in its records.

Public Law 100-503, the Computer Matching and Privacy Protection Act of 1988 permits the government to verify information by way of computer matches. Anyone who knowingly and willfully makes or causes to be made a false statement of representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0214. The time required to complete this information collection is estimated to average 5 minutes per responder, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Blvd., Baltimore, MD 21244-1850.

By: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Signature of Claimant