

CONSENT TO RELEASE

CMS Case Control Number: _____

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, its agents, and its contractors to disclose, discuss, and release, orally or in writing, information related to workers' compensation injury and settlement to the individuals and firm listed below. This consent is for my current workers' compensation claim and is on an ongoing basis. An additional consent to release will not be necessary unless and until I revoke this consent (which must be in writing). Further, I have had the Workers' Compensation Medicare Set-Aside Arrangement need and process explained to me, and I approve of the contents of the submission.

Beneficiary Initials _____

PLEASE CHECK:

_____	Claimant's Attorney	_____	Name and/or Firm
_____	Employer's Attorney	_____	Name and/or Firm
_____	Workers' Compensation Carrier	_____	Name and/or Firm
_____	Other	_____	Name and/or Firm

Claimant's Signature

Date Signed

Date of Injury

Social Security Number or Medicare Number (Health Insurance Claim Number/HICN or Medicare ID)