



CONSENT TO RELEASE FORM

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 workers' compensation injury 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).

I also authorize FARA Healthcare Services to obtain/release any information as it relates to the coordination of my Medicare Set-Aside.

PLEASE CHECK:

_____	Claimant's Attorney	_____
_____	Employer's Attorney	_____
_____	Workers' Compensation Carrier	_____
_____	Other	<u>Leta Sharkey/FARA</u>

Claimant's Signature

Date Signed

Date of Injury

Social Security Number or HICN