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CMS/MEDICARE AUTHORIZATION FOR RELEASE OF 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, _____, 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 accident, injury and/or settlement to the individual(s) and or firm’s listed below. I also hereby authorize Luks, Santaniello, Petrillo & Jones to register me under the “myMedicare.gov” website to obtain from said website conditional payment information related to my Workers’ Compensation/Liability claims. This consent is for my current accident, injury or 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).

PLEASE CHECK:

- Claimant/Plaintiff’s Attorney** _____
(NAME AND/OR FIRM)
- Employer’s Attorney** _____
(NAME AND/OR FIRM)
- Insurer or Workers’ Compensation Carrier** _____
(NAME AND/OR FIRM)
- Other** _____
(NAME AND/OR FIRM)
- MSA Service Provider** _____
(NAME AND/OR FIRM)

Luks, Santaniello,
Petrillo & Jones
(NAME AND/OR FIRM)

Plaintiff’s/Claimant’s Signature

Date Signed

Date of Injury (MM/DD/YY)

SSN or Health Insurance Claim #