

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

**Beneficiary Initials** \_\_\_\_\_

PLEASE CHECK:

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Claimant's attorney           | _____<br>(name and/or firm) |
| <input type="checkbox"/> Employer's attorney           | _____<br>(name and/or firm) |
| <input type="checkbox"/> Workers' compensation carrier | _____<br>(name and/or firm) |
| <input checked="" type="checkbox"/> Other              | _____<br>MSA Services, LLC  |

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date of Injury

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