

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 the individual(s) or firm(s) listed below to disclose, discuss, and/or release, orally or in writing, information needed to negotiate conditional payments with the CMS. I also hereby authorize NuQuest to register me under the "myMedicare.gov" website to obtain from said website conditional payment information related to my workers' compensation claim. I also hereby authorize NuQuest to release my current treatment and pharmacy records to CMS for the purposes of negotiating conditional payments and for the purpose of obtaining CMS approval of a MSA proposal. This authorization for release 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:

- | | | |
|-------------------------------------|---------------------|--------------------|
| <input type="checkbox"/> | Claimant's attorney | _____ |
| | | (name and/or firm) |
| <input type="checkbox"/> | Employer's attorney | _____ |
| | | (name and/or firm) |
| <input type="checkbox"/> | Other | _____ |
| | | (name and/or firm) |
| <input checked="" type="checkbox"/> | MSA Vendor | NuQuest |
| | | _____ |
| | | (name and/or firm) |

SIGN HERE 

Claimant's Signature

Date Signed

Date of Injury

Social Security Number or Health
Insurance Claim Number

*This Consent to Release form is valid for two years from date of signature.