

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 NuQuest/Bridge Pointe to register me under the "myMedicare.gov" website to obtain from said website conditional payment information related to my workers' compensation claim. 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:

- Claimant's attorney _____
(name and/or firm)
- Employer's attorney _____
(name and/or firm)
- Other _____
(name and/or firm)
- MSA Vendor _____
NuQuest/Bridge Pointe
(name and/or firm)

Claimant's Signature

Date Signed

Date of Injury

Social Security Number or Health
Insurance Claim Number

* This consent to release is valid for two years from signature date.