

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 agent and/or contractors to disclose, discuss, and/or release, orally or in writing, information related to my injury and/or settlement to the individual(s) and/or firm(s) listed below. This consent is for my current claim and is on an ongoing basis. An additional Consent to Release Form will no be necessary unless or until I revoke this authorization (which must be in writing).

PLEASE CHECK

- Beneficiary's attorney **Law Offices of Lane M. Ferdinand, P.C.**
505 Morris Avenue
Springfield, NJ, 07081

- Other Party's attorney _____

- Worker's compensation carrier/insurer _____

- Other: (for example, personal representative or spouse) _____

Dated: _____

Beneficiary's Signature & Name, _____
Social Security No.: _____
Date of Accident: _____

File No: 99- _____ -LMF