

**CONSENT TO RELEASE**

CMS Case Control Number:

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 its contractors to disclose, discuss, and release, orally or in writing, information related to my workers' compensation (WC) injury and settlement to the individual(s) and firm(s) listed below. This consent is for my current WC claim and is on an ongoing basis. An additional consent to release will not be necessary unless and until I revoke this consent (which must be in writing).

**PLEASE CHECK:**

Claimant's attorney

\_\_\_\_\_  
(Name and/or Firm)

Employer's attorney

\_\_\_\_\_  
(Name and/or Firm)

Workers' Compensation Carrier

\_\_\_\_\_  
(Name and/or Firm)

Other

Examworks  
\_\_\_\_\_  
(Name and/or Firm)

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

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

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

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