James E. Logan & Associates, Ltd.

Settlement Consultants

Consent to Release

In compliance with the Federal Privacy Act of 1974 and the HIPAA Privacy Rule, in order for James E. Logan & Associates, Ltd. to assist with the undersigned's workers' compensation, liability, or no-fault claim, the undersigned authorizes a representative of James E. Logan & Associates, Ltd. to communicate with the Centers for Medicare & Medicaid Services (CMS) and their contractors, and the Social Security Administration, to obtain information about his/her benefits and Medicare conditional payments made relating to the injury, which occurred on the date listed below.

The undersigned also authorizes James E. Logan & Associates, Ltd. to disclose his/her Social Security number to CMS, its agents and/or contractors, and/or the Social Security Administration.

This Consent remains valid for:

( ) One Year ( ) Two Years ( ) Other ______________________________
(Provide a specific period of time)

I understand that I may revoke this "Consent to Release" at any time.
(Please contact James E. Logan & Associates, Ltd. to obtain contact information for revocations.)

Signature: ____________________________________ Date Signed: _____________________

Name: ____

Social Security Number: ________________________

Medicare Number: ____________________________
(The number on your Medicare card, if applicable)

Date of Injury/Illness: __________________________