

Appendix K ?

Sample Standard Release of Information Forms

Authorization for Source to Release Information to the Social Security Administration (Form SSA-827)

The SSA-827 is the form SSA uses whenever we will need to contract medical sources for information. When the form is signed the beneficiary or recipients is authorizing their medical source to release information to SSA.

SSA will need an original SSA-827 for **EACH** source listed on the individual's form(s) (SSA-454, SSA-3368, SSA-3341-F6, SSA-3820, SSA-3881,(HA-4486), **PLUS** at least 2 extra forms. (For example, if the person has 5 medical sources, SSA will need at least 7 SSA-827's). Sources include doctors, hospitals, clinics, nurses, social workers, family members, friends, governmental agencies, employers, etc. Make sure there is an original signature on each form. Do not copy signed forms.

The beneficiary or recipient should sign their own form. If you are inquiring for another individual who has been declared legally incompetent, their legal guardian or legally recognized representative should sign. If this inquiry is regarded a minor, a custodial parent, guardian, or legally recognized representative should sign. If the child is over age 12 they should also sign the form.

How to Obtain the Form

This form is available on-line at:

<http://www.ssa.gov/online/ssa-827.html>

How to Complete the Form

1. Read the entire form, front and back (contact SSA with any questions).
2. **INFORMATION ABOUT MEDICAL OR OTHER SOURCE**
Complete this section only if the individual has one of the following conditions: drug addiction, alcoholism, sickle cell anemia, AIDS, or HIV infection. If the person's condition is not listed above, do not complete this section SSA medical staff will complete it when they send the form to the identified source.
3. **SIGNATURE**
Sign each form in the block indicated. This should be the claimant's, the legal guardian's or the legal representative's signature. An individual can sign with an "X" if necessary. If the claimant is not signing the form be sure to enter the relationship of who is signing (parent, guardian, etc.)
4. Enter the claimant's address, daytime phone number, and date in the appropriate blocks.
5. **SIGNATURE OF WITNESS**
All forms must be witnessed. Many sources will not honor our request unless it is witnessed. The witness can be any competent adult (spouse, social worker, etc.). The witness should sign and provide their address information.

Where to Send the Form

Print the PDF SSA-827 form on 8 ½ x 11 inch paper, complete and sign form, fold in thirds, insert it in a standard size number 10 business envelope (4 1/8 x 9 ½) and mail to the closest Social Security office.

Form Approved
OMB No. 0960-0566

Social Security Administration
Consent for Release of Information

Please read these instructions carefully before completing this form.

**When to Use
This Form**

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- **Nonmedical** records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

**How to
Complete
This Form**

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal **guardian** or a minor to whom the **nonmedical** information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the **name and address of the individual or group** to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, **please state** your **relationship** to that person.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 3 minutes to read the instruction, gather the necessary facts, and answer the questions.

Form SSA-3288 (2-1991) EF (1-2001)

Form Approved
OMB No. 0960-0566

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

| | | |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

I authorize the Social Security Administration to release information or records about me to:

| NAME | ADDRESS |
|------|---------|
| | |
| | |
| | |

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- ____ Social Security Number
- ____ Identifying information (includes date and place of birth, parents' names)
- ____ Monthly Social Security benefit amount
- ____ Monthly Supplemental Security Income payment amount
- ____ Information about benefits/payments I received from _____ to _____
- ____ Information about my Medicare claim/coverage from _____ to _____
(specify) _____
- ____ Medical records
- ____ Record(s) from my file (specify) _____
- ____ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from the Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____
(Show signatures, names and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

Form SSA-3288 (2-1991) EF (1-2001)

Appointment of Representative Form SSA-1696

Representatives are usually attorneys, but need not be. Representatives must abide by standards of conduct, which have been published by the Social Security Administration. In addition, most representatives will not charge a fee, unless they win the case they are working on. In any event, all representatives must abide by the Social Security Administration's standards of conduct regarding fee regulations and cannot charge a fee until that fee is approved by the Social Security Administration.

How to Obtain the Form

This form can be downloaded at:

<http://www.ssa.gov/online/ssa-1696.html>

How to Complete the Form

If a beneficiary or recipient decides to have a representative, they must tell SSA in writing as soon as possible. Instructions for completing Form SSA-1696 Appointment or Representative are on the form.

Where to Send the Form

Print the PDF SSA-1696 on 8 ½ x 11 inch paper, complete and sign the form, and mail it to the local Social Security office.