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/We, the undersigned, hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors and/or my doctors and/or other healthcare providers to disclose, discuss, and/or release, orally or in writing, information **related to my personal injury/liability case and/or settlement** to the individual(s) and/or firm(s) listed below. This consent is for my current personal injury/liability case and shall expire 2 years from the date signed. An additional consent to release form will not be necessary unless or until I revoke this authorization (which must be in writing).

X Sharpline Allocations and/or Wendy V. Schreck

__ Claimant/Plaintiff's Attorney: _____
(Name and/or Firm)

_____
(Address)

__ Insurance Carrier: _____
(Name and/or Firm)

_____
(Address)

__ Defense Attorney: _____
(Name and/or Firm)

_____
(Address)

_____ _____
Signature of Claimant/Plaintiff Date Signed:

_____ _____
Date of Injury Social Security Number or
Health Insurance Claim Number