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 workers' compensation case, Longshore claim and/or settlement** to the individual(s) and/or firm(s) listed below. This consent is for my current worker's compensation claim 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's Attorney:

(Name and/or Firm)

__ Worker's Compensation Carrier

(Name and/or Firm)

__ Defense Attorney:

(Name and/or Firm)

_____

Signature of Claimant

Date Signed:

_____

Date of Injury

Social Security Number or
Health Insurance Claim Number