



## **CONSENT TO RELEASE**

CMS Case Control Number: \_\_\_\_\_

The Federal 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 injury and settlement to the entity and individual(s) listed below. This consent is for my current workers' compensation 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). Further, I have had the Workers' Compensation Medicare Set-Aside Arrangement need and process explained to me, and I approve the contents of the submission.

Claimant's Initials \_\_\_\_\_

Name of Entity: **Logan Settlement Services, LLC**  
Contact for above entity: Debra J. Iacovacci or other authorized representative  
Address: 28175 Haggerty Road  
Novi, MI 48377  
Email: [diacovacci@logansettlements.com](mailto:diacovacci@logansettlements.com)  
Telephone: (248) 865-3900

I understand that I may revoke this "Consent to Release" at any time.  
(Please contact Logan Settlement Services, LLC to obtain contact information for revocations.)

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

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

If applicable, Medicare #: \_\_\_\_\_

SSN: \_\_\_\_\_

***(Please attach a copy of your Medicare card, if available.)***

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