

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Client Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me as well as any checks to:

Open Minds Staff

Open Minds, Inc.
3405 Summer
Memphis, TN 38122
901-324-0686

I want the information released because:

Open Minds, Inc. has applied to be / is my Representative Payee.

Please release the following information:

- Social Security Number
- Identification Information (includes date and place of birth, parent's names, etc.)
- Monthly Social Security benefit amount
- Information about benefits I received from _____ to _____
- Information about my Medicare claim coverage from _____ to _____
Specify: _____
- Medical Records
- Record(s) from my file (specify): Diagnosis
- Other (specify): _____

This release takes effect on: _____ and expires on: _____
(This release can be used for one year only)

I understand that I may withdraw this consent at anytime in writing. I understand that any disclosure of records concerning diagnosis and/or treatment of alcohol or drug abuse and/or HIV/AIDS is covered by Title 42 of the Code Federal Regulations. If my records contain information governed by Title 42, I authorize the release of such information as indicated above.

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 that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both by the Social Security Administration.

Signature: _____
(Show signatures and names and addresses of two people if signed by mark – on back)

Date: _____ Relationship: _____

Staff Member: _____ Date: _____ Telephone: _____