

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS  
SOCIAL SECURITY DISABILITY**

Patient Name:

Date of Birth:

Social Security #:

Dear Sir/Madam:

For the purpose of establishing eligibility for benefits as part of my Social Security Disability claim, please provide:

**Attorney John L. Roberts, 1200 Converse Street, Longmeadow, Massachusetts 01106**

[Telephone (413) 567-5600] with a full and complete copy of my treatment records, including:

1. any doctors' notes, doctors' orders, doctors' reports, nurses' notes, medication lists, consultation notes, progress notes, admission and discharge sheets, radiological consults, laboratory tests and results, correspondence and medical bills, psychiatric reports, and any and all other documentation relative to the testing, treatment and care at any time up to the present. Also, please send copies of any consent for operations, authorizations for treatment, operation reports, histories, and physical therapy reports.
2. complete hospital and institutional records, psychiatric records, records of psychiatric hospitals and institutions, treating and examining psychiatrists and psychologists.

In addition to the other releases granted by this document, I grant this release for all purposes of the Health Insurance Portability and Accountability Act of 1996, (Pub. L. 104-191), 45 CFR Section 160 through 164 and authorize disclosure of my individually identifiable health information and my protected health information as defined by HIPAA regulations that govern disclosure and protection of records related to my health care and payment for medical treatment. My representative shall have access to any and all medical records, medical history, including mental health records, billing and all other information related to my medical care and mental health. All third parties, including the Veterans Administration, Medicaid and Medicare agencies, insurance companies, the Medical Information Bureau, Inc., physicians, pharmacists, healthcare facilities and mental health facilities, Assisted Living Facilities, nursing homes, clinics, hospitals that have provided medical care, treatment or services or who have paid for or are seeking payment from me for such services shall give, disclose and release to my representative my individually identifiable health information and medical records regarding any of my medical or mental health conditions, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my representative is effective immediately and shall expire only one year following my death or in the event that I revoke the authority in writing and deliver it to my health care provider.

Photocopies of this document shall have the same force and effect as the original. The purpose of my request is to help Social Security determine my eligibility for disability benefits, and I expect that the cost of copying these records will be waived.

**Massachusetts:** Hospitals or clinics: MGL ch. 111 §70, and 70E(g). Private practitioners (physicians, surgeons, therapists, dentists, nurses, psychologists and podiatrists): MGL ch. 112 §12CC; 243 CMR §207(13)(b)(1).

**Connecticut:** Conn. Gen. Statutes §20-7c(b).

**New York:** NY Public Health Law §17, access should not be denied solely because of inability to pay.

**Rhode Island:** No charge for medical records in Social Security appeals. General Laws of RI § 23-17-19.1

Thank you for your help with my request.

---

Patient's Signature