

4. **Fill in the reason for the disclosure** (you may write "at my request"):

Legal Discovery

5. **Fill in the name and address of the person(s) or organization(s) to whom you want Medicare to disclose your personal health information:**

Legal Eagle Copy Service, LLC

8585 PGA Drive, Suite 103 and/or

Walled Lake MI 48390

248-960-9291

6. I authorize Medicare to disclose my personal health information listed above to the person(s) or organization(s) I have named on this form. I understand that my personal health information may be re-disclosed by the person(s) or organization(s) and may no longer be protected by law.

Sign Your Name

Your Telephone Number

Date

Check here if you are signing as a personal representative. Please attach the appropriate documentation (for example, Power of Attorney).

7. **Send your completed, signed authorization to:**

8. **Note:**

You have the right to take back ("revoke") your authorization at any time, in writing, except to the extent that Medicare has already acted based on your permission. If you would like to revoke your authorization, send a written request to the address shown above.

Your refusal to authorize this disclosure of your personal health information will have no effect on your enrollment, eligibility for benefits, or the amount Medicare pays for the health services you receive.

If you need help with this form, call 1-800-MEDICARE (1-800-633-4227).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0930. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.