

**REQUEST FOR MEDICAL TREATMENT IN SSA FACILITY:
PATIENT SELF-ADMINISTERED OR STAFF-ADMINISTERED**

Personal Information	EMPLOYEE NAME		LAST FOUR DIGITS OF SSA NUMBER	
	HOME ADDRESS		HOME PHONE	
Work Information	ADDRESS		PHONE	
	SUPERVISOR'S NAME		SUPERVISOR'S PHONE	
Medical Information (To Be Completed By The Employee's Personal Health Care Provider)	DIAGNOSIS		MEDICAL TREATMENT	
	MODE OF ADMINISTRATION	FREQUENCY	EXPECTED END DATE OF TREATMENT	
	POTENTIAL ADVERSE REACTIONS			
	DATE OF NEXT APPOINTMENT	IS THIS TREATMENT TO BE ADMINISTERED BY THE SSA NURSING STAFF OR SELF-ADMINISTERED BY THE EMPLOYEE IN THE SSA FACILITY?		
	SELF-ADMINISTERED <input type="checkbox"/> ADMINISTERED BY NURSING STAFF <input type="checkbox"/>			
	RECOMMENDATIONS OR REMARKS			
*NOTE: THIS REQUEST FOR TREATMENT MUST BE COMPLETED BEFORE TREATMENT CAN BE ADMINISTERED.				
PHYSICIAN'S NAME (PRINTED)	PHYSICIAN'S SIGNATURE	EMERGENCY PHONE	DATE	
SSA Medical Authorization	REMARKS			
	MEDICAL OFFICER NAME (PRINTED)	MEDICAL OFFICER SIGNATURE	DATE	

PRIVACY ACT

See Revised
Privacy Act
Statement

Under the provision of P.L. 93-579 (Privacy Act) you are advised that the Privacy Act, Public Law 93-579, 89th Congress, dated August 8, 1974, Bureau of Budget Circular A-72, dated June 17, 1976, authorizes the Social Security Administration to collect the personal information requested on this form. Your response is voluntary.

The information you provided will be used principally for administering medical treatment as requested by your private physician. This information may also be used for maintaining your health record in Employee Health Service.

If you do not provide the required information, Employee Health Service will be unable to provide the requested service.

Information regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7 (b)

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits or processes that you are seeking. Solicitation of the SSN by the Social Security Administration is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the Social Security Administration and the Civil Service Commission. The SSN also will be used by the Social Security Administration and the Civil Service Commission in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

See Revised PRA Statement

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21285-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Privacy Act Statement

Request for Medical Treatment in SSA Facility Patient Self-Administered or Staff-Administered

5 U.S.C. 7901, as amended, authorizes us to collect this information. The information you provide on this form is used for administering medical treatment as requested by your private physician, and for maintaining health records in the Employee Health Service. Your response is voluntary. However, failure to provide the requested information may adversely affect our ability to administer medical treatment as required.

We rarely use the information provided on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To the appropriate Federal, State, or local agency responsible for investigation of an accident, disease, medical condition, or injury as by pertinent legal authority;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, the General Services Administration, the National Archives and Records Administration, and the Department of Justice);
3. To the Office of Worker's Compensation Programs in connection with a claim for benefits filed by an employee;
4. To facilitate statistical research, audit, and investigative activities necessary to ensure the integrity and improvement of Social Security programs.

A complete list of routine uses for this information is available in the System of Records Notice entitled, Employees' Medical Records (60-0237). This notice, additional information about this form, and information regarding our programs and systems are available on-line at www.socialsecurity.gov or at your local Social Security Office.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***