

Sample: CE Credentials Letter



Bureau of Disability Determination Services

Audrey McCrimon
Director

Department of Rehabilitation Services

Dear Doctor

We have been informed that several of your psychologists might be interested in performing consultative examinations for our Bureau.

To be included on our Panel of Consultants, we must receive and review each prospective panelist's curriculum vitae. These curricula vitae should include the following:

1. School and date of graduation.
2. Place and date of graduate training and any specialty training.
3. Social Security Number.
4. Registration Number.
5. Hospital affiliations.
6. Department name and address of any State of Illinois personnel payroll(s) you are on at this time. *
7. Individual Tax Identification Number (Please complete attached Tax Identification Number Form.)
8. Corporate or group Tax Identification Number if one is used for a group practice.

Enclosed with this letter is information regarding the Disclosure of Medical Information under the Federal Privacy Act of 1974. Our Bureau is currently required to obtain a written acknowledgement of the responsibility of confidentiality from all persons who perform consultative examinations. Therefore, please request each of your psychologists to read the information carefully and for each to sign one of the Medical Disclosure Acknowledgement forms and the License/Credentials Certification statement enclosed.

*The Purchasing Act prohibits State employees from receiving money for goods or services in a contract satisfied by payment of funds appropriated by the General Assembly. University employees are excepted.

MR:4 -

A copy of the current fee schedule has been enclosed for informational purposes and future use.

Please forward to us the curricula vitae and the signed Medical Disclosure Acknowledgement forms. These applications will then be given every consideration by the Credentials Committee.

Sincerely,

Edward G. Ference, M.D.
Chief Medical Consultant

EGF:DR:rt

Enclosures: Federal Privacy Act Informational Sheet
Medical Disclosure Acknowledgement/
License/Credentials Certification
Tax Identification Number Form
Fee Schedule
Envelope

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 (OMB) control number. The OMB control number for this collection is 0960-0555. We estimate that it will take between 5 to 30 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.***

PRIVACY ACT STATEMENT

Collection and Use of Information by the Social Security Administration

The Privacy Act of 1974 (5 U.S.C. § 552a) requires us to provide certain facts to each person from whom we request and collect information in order to administer our programs. These facts include:

- the statutory authority for the request;
- why we need the information;
- whether it is voluntary or mandatory for you to give us the information and the effects, if any, of not giving us the information; and
- the uses we may make of the information you give us.

The following sections explain our collection, use, and disclosure of the information you give us. If you have any questions about your rights and responsibilities under the Privacy Act, you may contact any local Social Security office.

Our authority to collect information

Our specific authority to collect information is found in sections 205(a), 702, 1631(e)(1)(A) and (B), 1631(f), 1872, and 1875 of the Social Security Act (the Act), as amended. Additional authority is in part B of the Federal Coal Mine Health and Safety Act of 1969.

Why we need the information

We collect information from you in order to administer our programs. Specifically, the information we request enables us to:

- assign Social Security numbers;
- establish and maintain earnings records;
- determine entitlement of applicants and their families to insurance coverage and or benefit payments;
- issue payments in the right amount for the right months to people entitled to them; and
- conduct program-oriented research in areas of income distribution and maintenance.

Is providing information voluntary or mandatory?

It is not mandatory for you to give us the information we request **except** in certain instances explained below. It is usually to your advantage to comply with our request for information. Failure to do so, however, could prevent an accurate and timely decision on a claim you file or result in the loss of some benefit or service.

Our use(s) of the information you give us

We use the information you give us to administer our programs. Sometimes we must disclose the

information to another agency or person without your written consent. We make these disclosures for the following reasons:

- to enable a third party or agency to assist us in establishing your right to benefits or coverage;
- to comply with Federal laws;
- to make eligibility determinations in similar Federal, State, and local health and income maintenance programs;
- to facilitate statistical research, audit, or investigative activities necessary to assure the integrity of our programs.

We may also use the information you give us when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use the information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses of the information you give us is available in our Privacy Act Systems of Records Notices. For example, the application for benefits and supporting documentation of the factors of entitlement and continuing eligibility is contained in our Claims Folder System (60-0089); medical information, doctors' reports, and State disability determinations related to a disability claim is contained in our National Disability Determination Services File System (60-0044). Additional information regarding this form, routine uses of information, and other Social Security programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.