

PLEASE COMPLETE AND RETURN THIS FORM TO ME

Interview Confirmation

Claim Number:
Beneficiary:

1. I/We will be available for your visit as scheduled.

YES

NO

If NO, please phone me as soon as possible to set a better time.

2. My telephone number is: (_____)_____.

3. My address is: _____

4. Signature: _____

Date: _____

PLEASE USE THE BACK OF THE FORM TO GIVE DIRECTIONS TO YOUR HOME.

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

**Privacy Act Statement
Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, allows us to collect this information. We will use the information you provide to confirm your entitlement to Social Security benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from correctly reviewing your Social Security benefits.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0040, entitled Quality Review System, 60-0042, entitled Quality Review Case Files, and 60-0057, entitled Quality Evaluation Data Records. Additional information about these and other system of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.