

[Addressee information]

We are the office that makes disability decisions for the Social Security Administration. We have been informed that you may be interested in performing consultative examinations for our [bureau/agency].

To be included on our Panel of Consultants, we must receive and review your curriculum vitae which should include the following:

- Medical school and date of graduation
- Place and dates of residency training
- Social Security Number
- State Medical License Number or Copy of State Medical License Certificate
- Board Certification and specialty
- Hospital affiliations
- Department name and address of any [state agency] personnel payroll(s) you are on at this time
- Individual Tax Identification Number (Please complete attached Tax Identification Number Form)
- Corporate or group Tax Identification Number if you use one for a group practice
- Place and date of birth
- ECFMG # if foreign medical graduate

Enclosed with this letter is information regarding the disclosure of medical information under the Federal Privacy Act of 1974. Our [bureau/agency] is currently required to obtain a written acknowledgement of the responsibility of confidentiality from all persons who perform consultative examinations. You will also find the License/Credentials Certification statement for your signature and a current fee schedule.

Please forward to us your curriculum vitae and your signed Medical Disclosure Acknowledgement form. Your application will then be given every consideration by the Credential Committee.

<if special instructions>

**Special Instructions:**

[special instructions]  
<endif>

If you have any questions, please contact us at the number(s) shown below from [LocalOfficeHours]. When you call or leave a message, please provide your name and a call back number.

Thank you.

[Standard Signature block]

Enclosure(s):

<if attachments>[attachments]<endif

Barcode page

SSA-5000

Medical Disclosure Acknowledgement

License /Credentials Certification

W-9

Fee Schedule

Envelope

**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 provide this information 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 5-30 minutes to read the instructions, gather the facts, and answer the questions. **Send**

[Standard Footer]

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

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# 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](http://www.socialsecurity.gov) or at your local Social Security office.