Authorization For Release of Medical Information (Black Lung Benefits)

U. S. Department of Labor
Office of Workers' Compensation Program
Division of Coal Mine Workers' Compensation

1. Miner's First Name	M.I.	Last Name	2. Miner's Social Security Number **CLAIM NO.: DO XXX-XX-XXXX Claim Type Part**	OMB No. 1240-0034 Expires: 02-28-2022
3. E-mail Address			4. Miner's Birth Date	5. CASE ID:
6.. Claimant's First Name	M.I.	Last Name		7. Relationship To Miner

8. Address

City _____ State _____ Zip _____ Phone _____

Identifying Information for Hospitals

Facility Name(s)	Admission Date(s)	Discharge Date(s)

Give any necessary additional identifying data (such as building, clinic, patient number, etc.)

☐ In-patient

☐ Out-patient

Miner's Address at time of hospitalization:

Street Address

City _____ State _____ Zip _____

Other:

I hereby authorize any physician, hospital, agency, or other organization, including the National Institute of Occupational Safety and Health, (NIOSH), to disclose to the Office of Workers' Compensation Programs of the U.S. Department of Labor any medical records or other information about (my) or (the deceased miner's) medical condition for the purpose of providing information related to my claim for benefits under the Black Lung Benefits Act.

9. Signature of Claimant (or person on his/her behalf)	10. Date (month, day, year)

TWO FILING OPTIONS:

1. To file electronically, submit completed form to the COAL Mine Portal:
   https://eclaimant.dol.gov/portal/?program_name=BL
2. To file by mail, submit completed form to:
   US Department of Labor
   OWCP/DCMWC/CMR Correspondence
   PO Box 8307
   London, KY 40742-8307

For further information call TOLL FREE: 1-800-638-7072.

Privacy Act Statement

The following information is provided in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. (1) Collection of this information is authorized by the Black Lung Benefits Act, 30 U.S.C. 901 et seq., and 20 CFR 725.405. (2) The information in this form will be used to authorize medical treatment providers to release information about the miner to the Department of Labor pertinent to the black lung claim. (3)While you are not required to respond, your cooperation is needed to ensure that your claim is given full and proper consideration. Failure to provide the release of medical documentation may exclude relevant medical information from consideration in the black lung claim. (4) Information may be used by other agencies or persons handling matters relating, directly or indirectly to this claim, including liable coal mine operators and their insurance carriers; medical professionals in obtaining medical services or evaluations; contractors providing automated data processing or other services to the Department of Labor; representatives of the parties to the claim; and federal, state or local agencies. (5) Furnishing all requested information will facilitate accurate and timely processing of the black lung claim. (6) This information is included in a System of Records, DOL/ OWCP-2, published at 81 Federal Register 25765, 25858 (April 29, 2016), or as updated and republished.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, Room C3526, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

Notice

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from DCMWC in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or your claims examiner to ask about this assistance.

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB number.