

# Creating Advanced Streamlined Electronic Services for Constituents (CASES) Act

Release 2

**Webform Application** 

**Screen Package** 

May 6, 2024

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# **Application Landing Page:**

#### **Privacy Program**

A Central Source For Information About SSA's Privacy Compliance Program

The Pri	vacy Act of 1974
System (SORN)	of Records Notices
Privacy	Act Exemptions
Privacy Rules	Act Implementation
Submit	t a Privacy Act Request
	t an Electronic Consent lose Records
Privacy	Impact Assessments
Compu	iter Matching Programs
Court (	Orders, Subpoenas, Law
Enforce	ement Requests, and
Other I	Legal Processes
Privacy	Policies and Reports
Contac	t Us

#### **Submit an Electronic Consent to Disclose Records:**

If you are asking the Social Security Administration to disclose your records to another person or entity, you must submit a written consent. These instructions explain how you can submit the consent electronically on the Social Security Administration's website:

Once you verify your identity online, you may electronically complete and submit consent to disclose one or more of the records listed below to another person or entity.

To complete an electronic consent to disclose records:

- · The records must be on the list below.
- The requester must be 18 years or older.
- The requester must be the record holder. We cannot accept electronic consent from someone
  completing the form on behalf of another individual.

You may submit an electronic consent to disclose the following record types:

- Verification of Social Security number
- Benefit or payment amount
- · Medicare entitlement
- · Medical records from my claims folder(s)
- · Application(s) for benefits
- Award notice(s)
- Denial notice(s)
- Appeal request(s)

Please click here to submit your electronic consent to disclose records.

#### All Other Requests:

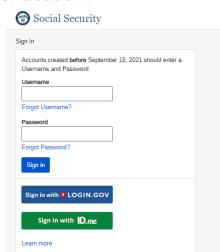
For additional information about how to submit a paper consent to disclose records and all other record requests, please see the following pages: Submit a Privacy Act Request for Your or Another Person's Records and Make a Freedom of Information Act (FOIA) Request.

Users can access the SSA-3288-OP1 in two ways: 1) by typing in SSA.gov/privacy, selecting "Submit an Electronic Consent to Disclose Records", then selecting the "click here" hyperlink on that page, or 2) by typing in search terms at SSA.gov to find the Electronic Consent to Disclose Records link and then selecting the "click here" hyperlink on that page.

# **Authentication:**

Create an account

Privacy and Security



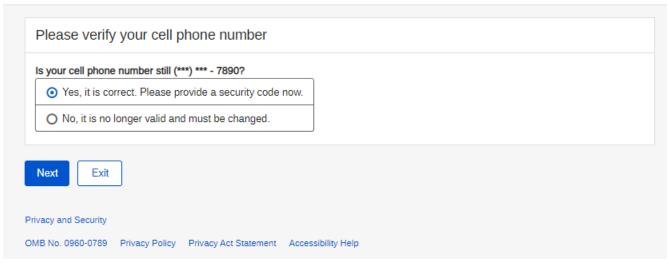
User is brought to the user login screen. User enters username and password for eAccess legacy login and selects the "Sign in" button.



OMB No. 0960-0789 Privacy Policy Privacy Act Statement Accessibility Help

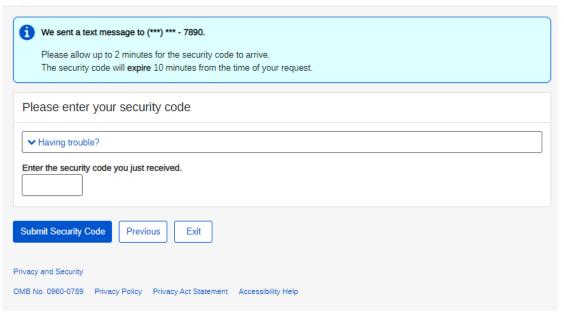
Are you now, or have you ever been a victim of domestic violence? Identity theft? Do you have other concerns?

You can contact us to block electronic access to your information at any time, for any reason.

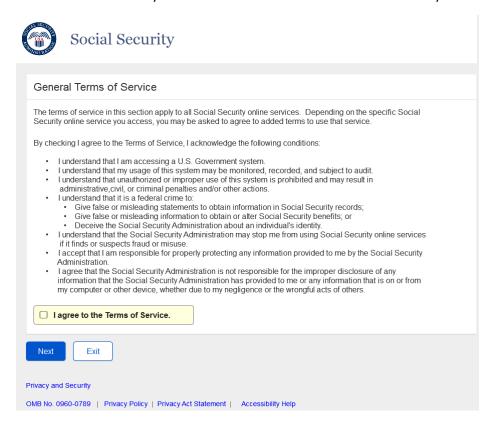


User is brought to a screen where user verifies their cell phone number and selects the radio button for "Yes, it is correct. Please provide a security code now."





User enters the security code received and selects the "Submit Security Code" button.



User selects the "I agree to the Terms of Service" checkbox and selects the "Next" button.

#### Terms of Service:

Review and Submit





Upon successful authentication, the user will be presented with the Terms of Service for the online Form SSA-3288-OP1. The user must select the "I agree to the Terms of Service" button to continue.

# **Privacy Act Statement:**

Review and Submit



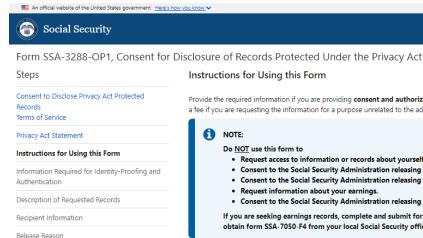


Previous

After agreeing to the Terms of Service, the user is presented with the Privacy Act statement. The user must select the "Next" button to continue.

#### Instructions:

Review and Submit



#### Instructions for Using this Form

Provide the required information if you are providing consent and authorizing the agency to disclose your records to another person or entity. We may charge a fee if you are requesting the information for a purpose unrelated to the administration of a program under the Social Security Act.



Do NOT use this form to

- Request access to information or records about yourself.
- Consent to the Social Security Administration releasing a minor child's records to a third party.
- · Consent to the Social Security Administration releasing a legally incompetent adult's records to a third party.
- Request information about your earnings.
- . Consent to the Social Security Administration releasing information about your earnings to a third party.

If you are seeking earnings records, complete and submit form SSA-7050-F4, Request for Social Security Earning Information. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

#### **How to Complete this Form**

All required fields marked with an asterisk (\*) must be completed. We will not be able to process your request unless you have completed all required fields.

- Your name, date of birth, Social Security number, and address will auto-populate from our records.
- . Select the type(s) of information you want us to release, including specific date ranges and benefit type, where applicable.
- · Fill in the name, address, and telephone number of the person or entity where you want us to send the requested information.
- . Specify the reason you want us to release the information (e.g., SSA claim or benefit application, appeal, or hearing; non-SSA private or personal litigation; non-SSA benefit eligibility for government or private programs; or personal use).

NOTE: This consent form is valid for one-time use only. A consent form for the release of non-medical records is valid for one year from the date of the electronic signature. A consent form for the release of medical records is valid for 90 days from the date of the electronic signature.

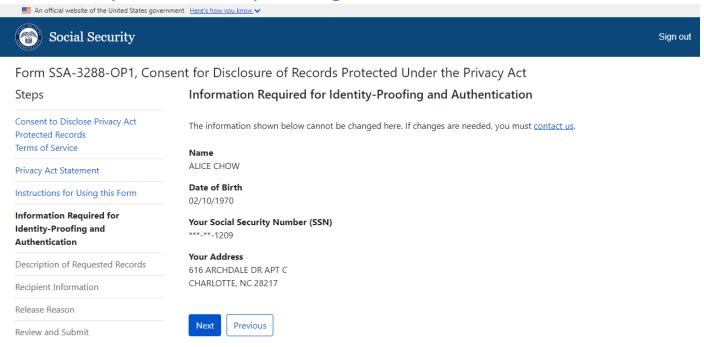
If you do not want to submit your request electronically, you may use the paper Form SSA-3288 to submit your request. Please send or bring the completed Form SSA-3288 to your local servicing office. To locate the appropriate servicing office, visit https://secure.ssa.gov/ICON/main.jsp. and input your ZIP code.

Complete all fields before you electronically sign the form. You may not alter the form after you have signed it.



After selecting "Next" on the Privacy Act statement, the user is presented with the Instructions for Using this Form. The user must select the "Next" button to continue.

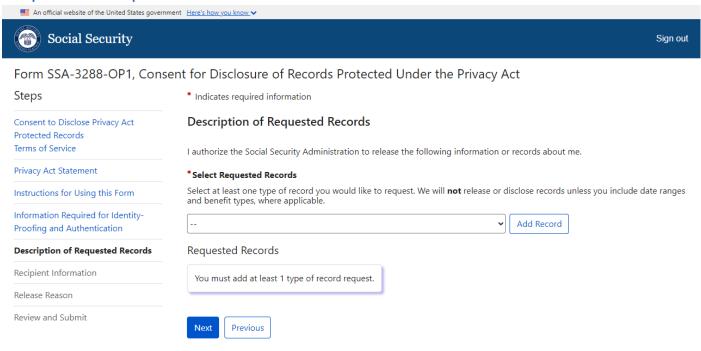
# Information Required for Identity-Proofing and Authentication:





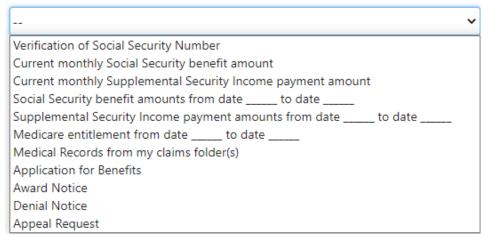
Identifying information for the authenticated individual is displayed to the user. If this information is incorrect, the user must contact SSA to update the information. The user selects the "Next" button to continue.

# **Description of Requested Records:**

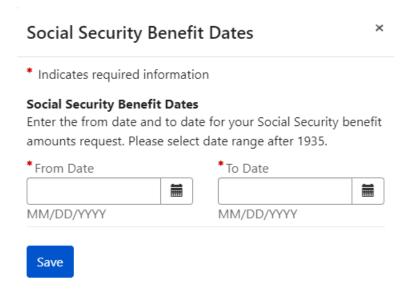




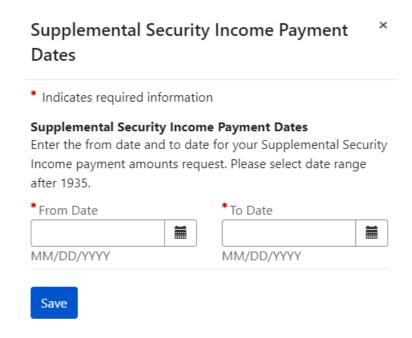
The user will have the option to select and add multiple record types from the drop-down menu by selecting the record type and selecting the "Add Record" button. The user must select at least one record type.



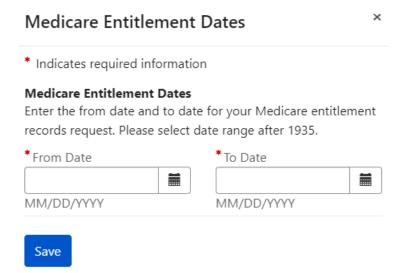
Records available for the user to add include the records listed above.



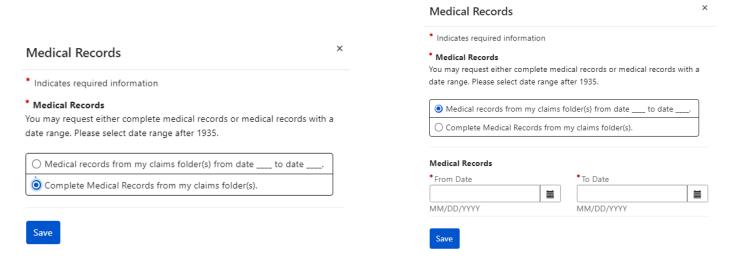
Users must specify a date range when adding the "Social Security benefit amounts" record type.



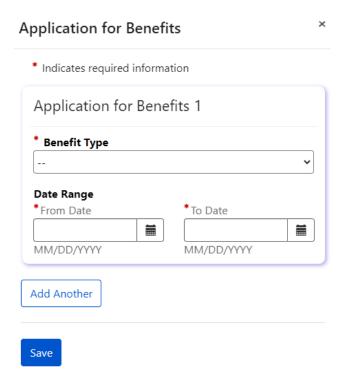
Users must specify a date range when adding the "Supplemental Security Income payment amounts" record type.



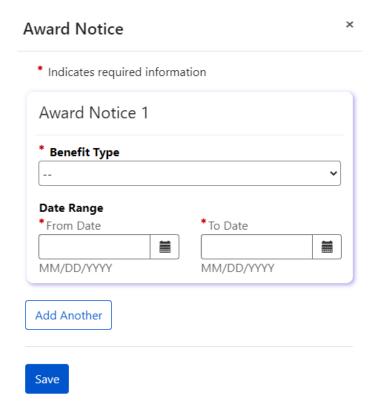
Users must specify a date range when adding the "Medicare entitlement" record type.



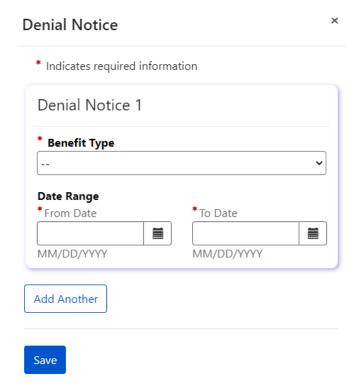
Users must select either "Complete Medical Records from my claims folder(s)" or "Medical records from my claims folder(s)" for a specific period. If choosing the latter, the user is required to provide a date range.



Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the "application for benefits" record type.



Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the "award notice" record type.



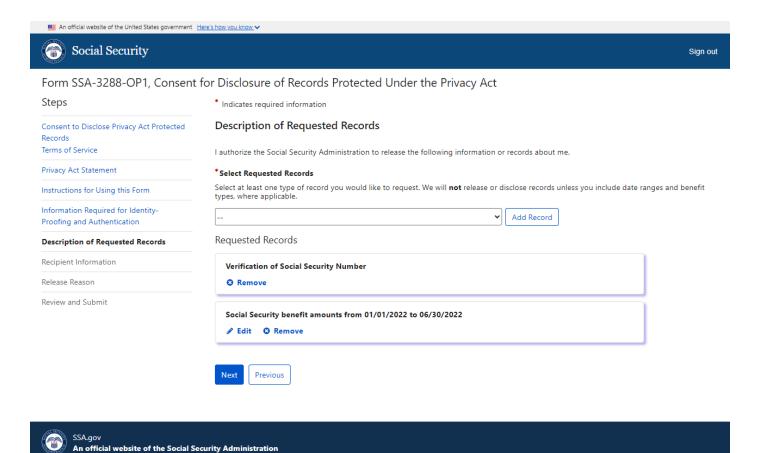
Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the "denial notice" record type.

# \* Indicates required information Appeal Request 1 \* Benefit Type -- Date Range \* From Date MM/DD/YYYY MM/DD/YYYY \*\* MM/DD/YYYY

Add Another

Save

Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the "appeal request" record type.



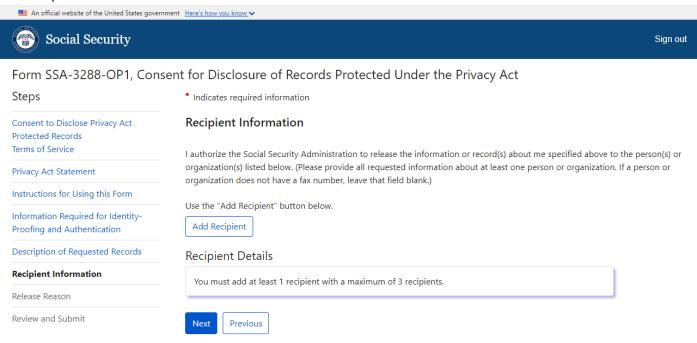
About the Social Security Administration FOIA requests Office of the Inspector General Privacy policy

Accessibility support No FEAR Act data Performance reports

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After the user has selected the record types they are requesting, they can either remove them from the request, edit them or proceed by selecting the "Next" button.

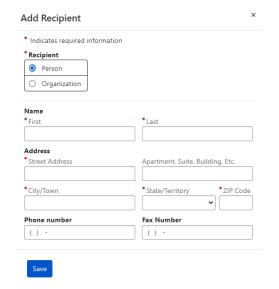
# Add Recipients:



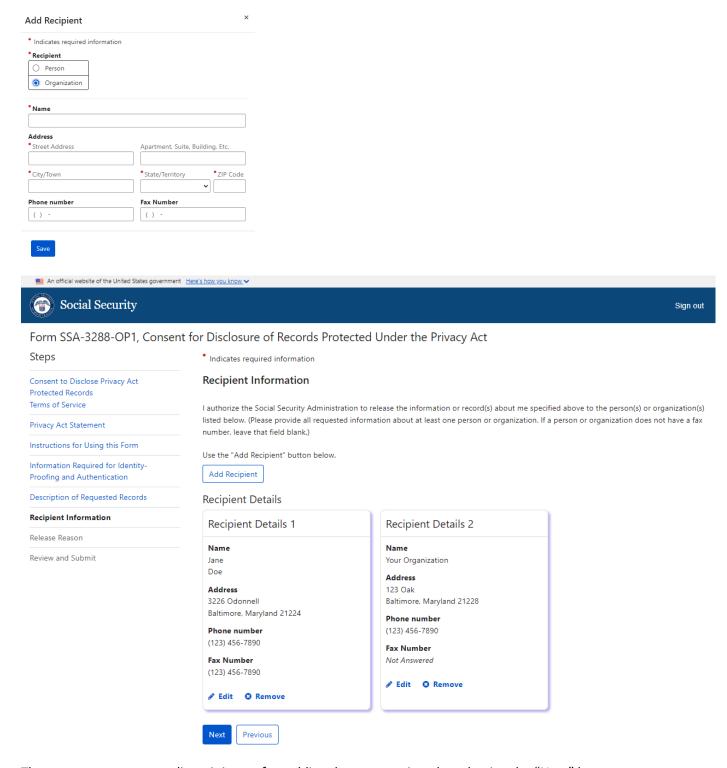


The user must add at least one recipient for the requested records using the "Add Recipient" button. The recipient(s) can be either an organization and/or a person. The form allows a maximum of three recipients.

#### **Add Person**



#### **Add Organization**



The user can remove or edit recipients after adding them or continue by selecting the "Next" button.

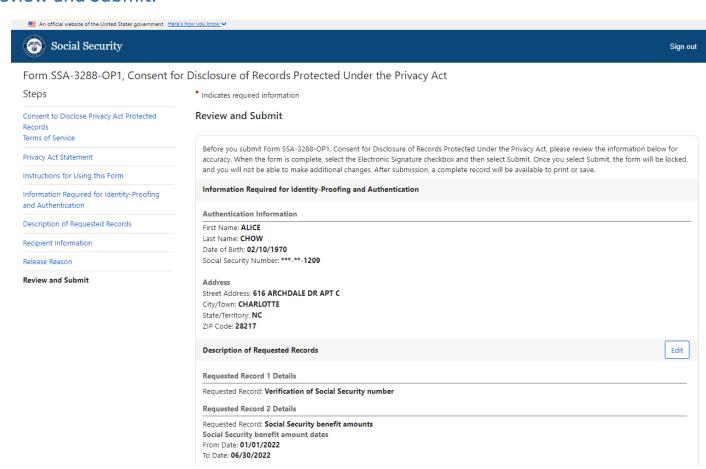
#### Release Reason:

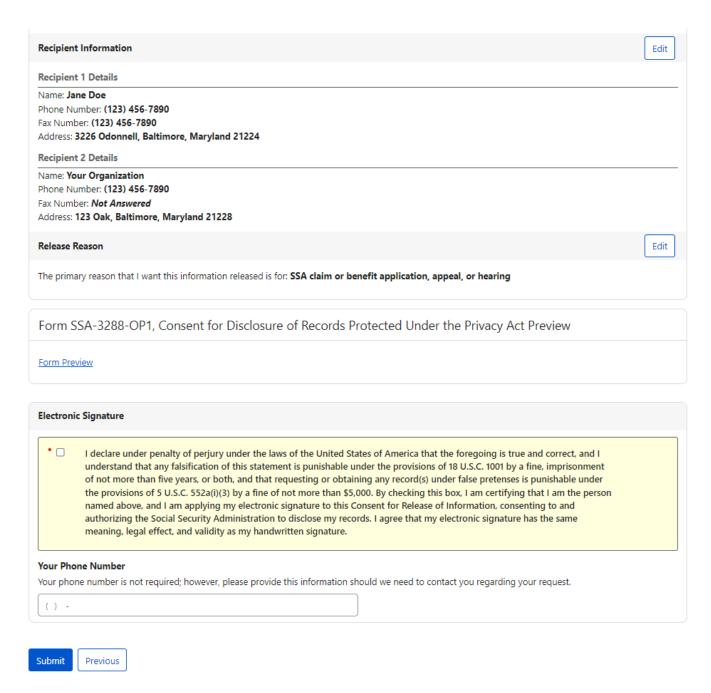




The user must select one of four reasons for requesting release of their records.

# **Review and Submit:**





On the Review and Submit page, the user can review and update any of the information they have input so far, as well as view and print or save an unsigned version of the form (see appendix item #1). Once they are ready to submit the request, they can acknowledge the eSignature statement by checking the "signature" check box. Providing a phone number is optional.

# Confirmation:





Upon successful submission, the user receives a confirmation message and has an opportunity to open the signed form in a new web browser.

#### Page 1 of 6 OMB, No. 0960-0566

# Consent for Disclosure of Records Protected Under the Privacy Act

#### Instructions for Using this Form

Provide the required information if you are providing consent and authorizing the agency to disclose your records to another person or entity. We may charge a fee if you are requesting the information for a purpose unrelated to the administration of a program under the Social Security Act.

#### NOTE: Do NOT use this form to:

- · Request access to information or records about yourself.
- · Consent to the Social Security Administration releasing a minor child's records to a third party.
- · Consent to the Social Security Administration releasing a legally incompetent adult's records to a third party.
- · Request information about your earnings.
- Consent to the Social Security Administration releasing information about your earnings to a third party.

If you are seeking earnings records, complete and submit form \$SA-7050-F4, Request for Social Security Earning Information. You can obtain form \$SA-7050-F4 from your local Social Security office or online at <a href="https://www.ssa.gov/forms/ssa-7050.pdf">www.ssa.gov/forms/ssa-7050.pdf</a>.

#### How to Complete this Form

All required fields marked with an asterisk (\*) must be completed. We will not be able to process your request unless you have completed all required fields.

- · Your name, date of birth, Social Security number, and address will auto-populate from our records.
- Select the type(s) of information you want us to release, including specific date ranges and benefit type, where applicable.
- Fill in the name, address, and telephone number of the person or entity where you want us to send the requested information.
- Specify the reason you want us to release the information (e.g., SSA claim or benefit application, appeal, or hearing; non-SSA private or personal litigation; non-SSA benefit eligibility for government or private programs; or personal use).
- · Sign and date this form.

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If you do not want to submit your request electronically, you may use the paper Form SSA-3288 to submit your request. Please send or bring the completed Form SSA-3288 to your local servicing office. To locate the appropriate servicing office, visit <a href="https://secure.ssa.gov/ICON/main.isp">https://secure.ssa.gov/ICON/main.isp</a>, and input your ZIP code.

Complete all fields before you electronically sign the form. You may not alter the form after you have signed it.

From the new window, the user can choose to print, save, or view and close the form. The downloaded form will include an eSignature audit page with the details of the signature (see Appendix Item #3).

# Appendix:

#### 1. PDF preview of the form before submitting

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- Specify the reason you want us to release the information (e.g., SSA claim or benefit application, appeal, or hearing; non-SSA private or personal litigation; non-SSA benefit eligibility for government or private programs; or personal use).
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Complete all fields before you electronically sign the form. You may not alter the form after you have signed it.

# Privacy Act Statement Collection and Use of Personal Information

The Privacy Act (5 U.S.C. § 552a) and Section 205(a) of the Social Security Act allow us to collect your information, which we will use to process your authorization for the Social Security Administration (SSA) to release your records. Providing your information is voluntary, but not providing all or part of the information may prevent us from honoring your authorization to release your records.

We may share your information in accordance with the Privacy Act and other Federal laws, including to contractors, other Federal agencies, and others, as necessary, as listed in routine uses in System of Records Notices (SORN) 60-0089, entitled Claims Folders System; 60-0090, entitled Master Beneficiary Record; 60-0320, entitled Electronic Disability Claim File; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits.

Your information may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and recouping debts under these programs. Additional information, and a full listing of all our SORNs, is available on our website at <a href="https://www.ssa.gov/privacy">www.ssa.gov/privacy</a>.

#### Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 10 to 15 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 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

You must complete all required fields. We will not be able to pr (*Signifies a required field.)	ocess your request u	ınless all required	l fields are	e completed.
Information Required for Ident	tity-Proofing and	I Authenticati	on	
This information is required for the agency to verify your identity				
Your First Name	*Your Last Name			
ALICE	CHOW			
Your Date of Birth (MWDD/YYYY)	*Your Full Social S	ecurity Number		
02/10/1970	***-**-1209			
Your Address (Number and Street)			Apartm	ent/Suite Numb
616 ARCHDALE DR APT C				
City			State	ZIP Code
CHARLOTTE			NC	28217
Description of R	equested Recor	ds		
authorize the Social Security Administration to release the follo	wing information or	records about me		
Check at least one box. If requesting medical records, select elease or disclose records unless you include date ranges and			boxes. \	We will not
x 1. Verification of Social Security number				
2. Current monthly Social Security benefit amount				
3. Current monthly Supplemental Security Income pay	ment amount			
x 4. Social Security benefit amounts from date 01/01	/2022 to date (	6/30/2022		
Supplemental Security Income payment amounts fro	om date	to date		
6. Medicare entitlement from date	to date			
7. Medical records from my claims folder(s) from date	t	o date		
8. Complete medical records from my claims folder(s)				
9. Application for benefits				
Retirement benefit applications from date	to date			
Social Security Disability benefit applications from		to date		
Supplemental Security Income payment applications			late	
10. Award notice	ons from date		iate	
Retirement benefit award notices from date	4- 4-4	_		
<u> </u>	to dat		_	
Social Security Disability benefit award notices from		to date		
Supplemental Security Income payment award no	otices from date	tc	date	
11. Denial notice				
Retirement benefit denial notices from date	to dat	e	_	
Social Security Disability benefit denial notices from	om date	to date		
Supplemental Security Income payment denial no	otices from date	to	date	
12. Appeal requests				
Retirement benefit appeal requests from date	to da	ite		
Social Security Disability benefit appeal requests	from date	to date		
Supplemental Security Income payment appeal in	equests from date		to date	

Page 4 of 6 Form \$\$A-3288-OP1-APP (04-2024) Recipient Information \*I authorize the Social Security Administration to release the information or record(s) about me specified above to the person(s) or organization(s) listed below. (Please provide all requested information about at least one person or organization. If a person or organization does not have a fax number, leave that field blank) Jane Doe Address: 3226 Odonnell, Baltimore, Maryland 21224 Phone Number: Fax Number: (123) 456-7890 (123) 456-7890 Name: Your Organization Address: 123 Oak, Baltimore, Maryland 21228 Phone Number: Fax Number: (123) 456-7890 Name: Address: Phone Number: Fax Number: \*We may charge a fee to release information for non-program purposes or for duplicate requests made for program purposes. Please select the reason for releasing the information from the list below. If we charge a fee, we will notify you of the amount you

owe and will explain how you can pay this fee. I want this information released for the following reason:

- x 1. SSA claim or benefit application, appeal, or hearing
- 2. Non-SSA private or personal litigation
- Non-SSA benefit eligibility for government or private programs
- Personal use

Form SSA-3288-OP1-APP (04-2024)

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. 1001 by a fine, imprisonment of not more than five years, or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

By checking this box, I am certifying that I am the person named above, and I am applying my electronic signature to this Consent for Release of Information, consenting to and authorizing the Social Security Administration to disclose my records.

I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

\*Signature:

Daytime Telephone Number:

Your phone number is not required for us to process this form. However, please provide this information in case we need to

contact you about your request.

Form **\$\$A-3288-OP1-APP** (04-2024) Social Security Administration Page 1 of 6 OMB. No. 0960-0566

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We may share your information in accordance with the Privacy Act and other Federal laws, including to contractors, other Federal agencies, and others, as necessary, as listed in routine uses in System of Records Notices (SORN) 60-0089, entitled Claims Folders System; 60-0090, entitled Master Beneficiary Record; 60-0320, entitled Electronic Disability Claim File; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits.

Your information may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and recouping debts under these programs. Additional information, and a full listing of all our SORNs, is available on our website at <a href="https://www.ssa.gov/privacy">www.ssa.gov/privacy</a>.

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# Consent for Disclosure of Records Protected Under the Privacy Act

(*Signifies a required field.)	antity Proofing	and Authoriticat	ion	
Information Required for Ide		and Authenticat	IOII	
This information is required for the agency to verify your iden *Your First Name	*Your Last Na			
ALICE	CHOW	me		
*Your Date of Birth (MM/DD/YYYY)	*Your Full Social Security Number			
02/10/1970	***-**-1209			
*Your Address (Number and Street) 616 ARCHDALE DR APT C	•		Apartm	nent/Suite Numbe
City			State	ZIP Code
CHARLOTTE			NC	28217
Description of	Requested Re	cords		
authorize the Social Security Administration to release the f	ollowing information	n or records about m	e.	
*Check at least one box. If requesting medical records, sele- release or disclose records unless you include date ranges a			th boxes. \	We will not
▼ 1. Verification of Social Security number				
2. Current monthly Social Security benefit amount				
3. Current monthly Supplemental Security Income p	payment amount			
✓ 4. Social Security benefit amounts from date 01/	01/2022 to dat	te 06/30/2022		
5. Supplemental Security Income payment amounts	from date	to date	,	
6. Medicare entitlement from date	to date			
7. Medical records from my claims folder(s) from da	ite	to date		
8. Complete medical records from my claims folder	(s)			
9. Application for benefits				
Retirement benefit applications from date	to da	ate		
Social Security Disability benefit applications f	rom date	to date	_	
☐ Supplemental Security Income payment applic	cations from date	to	date	
10. Award notice	-			
Retirement benefit award notices from date	to	date		
Social Security Disability benefit award notices	s from date	to date		
Supplemental Security Income payment award	d notices from date		o date	
11. Denial notice				
Retirement benefit denial notices from date	to	date		
Social Security Disability benefit denial notices	s from date	to date		
Supplemental Security Income payment denia	I notices from date		o date	
12. Appeal requests			_	
Retirement benefit appeal requests from date	f	to date		
☐ Social Security Disability benefit appeal reque	sts from date	to date	:	
☐ Supplemental Security Income payment appe	al requests from da	ta	to date	

# Recipient Information

\*I authorize the Social Security Administration to release the information or record(s) about me specified above to the person(s)

Name: Jane Doe	
Address: 3226 Odonnell, Baltimore, Maryland 21224	
Phone Number:	Fax Number:
(123) 456-7890	(123) 456-7890
Name: Your Organization	
Address: 123 Oak, Baltimore, Maryland 21228	
Phone Number:	Fax Number:
(123) 456-7890	
Name:	
Address:	
Phone Number:	Fax Number:
Priorie Number.	r ax Number.
Please select the reason for releasing the in	n for non-program purposes or for duplicate requests made for program purposes.  formation from the list below. If we charge a fee, we will notify you of the amount you  e. I want this information released for the following reason:
■ 1. SSA claim or benefit application,	appeal, or hearing
2. Non-SSA private or personal litiga	ation
3. Non-SSA benefit eligibility for gov	ernment or private programs
☐ 4. Personal use	

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#### Form \$SA-3288-OP1-APP (04-2024)

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. 1001 by a fine, imprisonment of not more than five years, or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

By checking this box, I am certifying that I am the person named above, and I am applying my electronic signature to this Consent for Release of Information, consenting to and authorizing the Social Security Administration to disclose my records.

I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

\*Signature: \*Date:

Electronically signed by ALICE CHOW

05/06/2024

Daytime Telephone Number:

Your phone number is not required for us to process this form. However, please provide this information in case we need to contact you about your request.

#### 3. eSignature audit page (screenshot)

Form SSA-3288-OP1-APP (04-2024)

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Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act

#### Signature Details

Signature Date/Time: 2024-05-06 15:53:31 UTC TESTSERVICENOW2 17.200,9.69 Social Security Number: \*\*\*-\*\*-1209 ALICE CHOW Date of Birth: 02/10/1970

I authorize the Social Security Administration to release the following information or records about me.

#### Acknowledged

By checking this box, I am certifying that I am the person named above, and I am applying my electronic signature to this Consent for Release of Information, consenting to and authorizing the Social Security Administration to disclose my records. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

#### SELECTED