

DCPS DONALD HAHN  
66923 VERGIE UNION  
EAST JANEESACHESTER RI 98592

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DEMO  
ENVIRONMENT

*This correspondence was formatted for mailing in an envelope with the pages folded once.*

CONFIDENTIALITY NOTICE: The accompanying material contains sensitive information. This information may be privileged and confidential, and intended for the use of the recipient named in this correspondence. If you have received this information in error, please contact us immediately.

**DISABILITY DETERMINATIONS SERVICE**  
**SSA**  
**S09 Delaware DDS**  
**SUITE 300**  
**NEW CASTLE, DE 19720-1000**  
**TEL: (555) 555-5555**

Date: July 1, 2022  
Case ID: 1403

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**RESCHEDULED APPOINTMENT NOTICE**

We are the office that makes disability decisions for the Social Security Administration. We sent you information about an appointment we scheduled for you on July 26th, 2022 at 09:00 AM EDT. We have updated this appointment. You should attend any other appointments we have scheduled for you.

The new appointment information is below. We will pay for the appointment(s) and may also reimburse some travel expenses to the exam or test site.

**Appointment Information**

<b>Evaluator Information</b>	<b>Date and Time</b>	<b>Type of Appointment*</b>
zDCPS DE TEST VENDOR (FAX) 515 TEST ST TEST CITY, DE 12345-1234	Tuesday July 26th, 2022 01:00 PM Eastern Daylight Time	Venous Blood Draw/Venipuncture Skull, X-ray, Minimum 4 Views

\*The evaluator may decide not to do some of the tests we ordered or that other tests are needed.

Please do not call the evaluator's office to confirm or reschedule your appointment(s).

**Please arrive at the appointment 15 minutes early.** If you are late, the evaluator may choose not to see you.

Please do not bring children to the doctor's office, unless the appointment is for the child.

**If This Is An In-Person Appointment**

You must follow state, local, or medical provider rules when a face covering is required to attend an in-person exam. If you refuse to wear a face covering for non-medical reasons and it prevents the CE provider from conducting the examination, we will make a decision based on the evidence in the file, which may result in a finding that you are not disabled.

**If This Is A Video Appointment**

If you are concerned about the selected video technology for your appointment, you may ask us to reschedule the examination. Asking us to reschedule the examination may delay but will not otherwise negatively affect our decision on your claim. If you ask to reschedule, we will hold your claim until we can reschedule the examination in-person, or using video technology you agree to, or until we receive adequate evidence to make a decision.

**What To Bring To The Appointment**

Bring this letter and a photo ID. Bring any medications that you take in their original containers. Also, bring your hearing aids, eyeglasses, contact lenses, canes, or other medical aids if you use them.

**What You Should Do Next**

Confirm that you will attend your appointment(s) and that you will wear a face covering if it is required. Please complete the enclosed response form and mail it in the pre-addressed envelope provided. You should respond to our office by July 11, 2022. You may also fax your response form to (987) 654-3210.

Please call our office immediately if you cannot attend your appointment(s) as scheduled for any reason. If you cannot attend your scheduled appointment(s), and you would like us to reschedule, you must give us a good reason.

If you have moved from the above address please contact us before the date of the examination(s). We may need to reschedule the appointment(s) closer to where you live.

### **If You Need An Interpreter**

We provide a free interpreter to conduct your business. You may use your own if you prefer, but we might also have our interpreter present. It is important that you let us know prior to the appointment(s) if you require an interpreter or if you are bringing your own.

### **If You Want A Copy Of The Report(s) Sent To A Healthcare Provider**

If you want a copy of the report(s) from the evaluation(s) sent to your healthcare provider, please complete the enclosed authorization form and mail it in the pre-addressed envelope provided. You may also fax your form to (987) 654-3210.

### **If You Miss A Scheduled Appointment**

If you fail to keep an appointment without notifying us, we may make a decision based on the evidence we already have in file. We may find that you are not eligible, or are no longer eligible, for disability benefits.

### **If You Have Any Questions**

If you have any questions about this letter or need to contact us about the appointment, please call us at the number(s) shown below Monday - Friday between 11:30 am and 7:30 pm. When you call or leave a message, please provide the Case ID: 1403, your name, and a call back number.

Thank you for your help.

B. Mershon  
(301) 555-1212  
(987) 654-3210 (FAX)

Enclosure(s):  
Appointment Confirmation Letter  
Authorization to Release Consultative Examination Report  
Privacy Act and Paper Reduction Act Statement  
SSA Publication No. 05-10087 (A Special Examination Is Needed for Your Disability Claim)  
Return Envelope



RQID:DCW1399 SITE:S09 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0003 RF:D CS:8949

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**APPOINTMENT CONFIRMATION**

Check the boxes below to let us know that you will attend the appointment and, if your appointment is in-person, to let us know that you will wear a face covering if it is required. Call our office at (301) 555-1212 immediately if you cannot attend, need additional assistance to attend or if your address has changed. Sign, date, and mail this form as soon as possible using the enclosed envelope. You may also fax your form to (987) 654-3210.

**Appointment Information**

Evaluator Information	Date and Time	Type of Appointment
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- I will attend this appointment.
- If this is an in-person appointment, I will wear a face covering during the appointment if required.
- If this is an in-person appointment, I will not wear a face covering during the appointment because of the following medical reason:

\_\_\_\_\_

Your Signature	Date	Current Phone Number	
Current Address	City	State	Zip



RQID:DCR1399 SITE:S09 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0014 RF:D CS:6ef0

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**AUTHORIZATION TO RELEASE CONSULTATIVE EXAMINATION REPORT**

**Appointment Information**

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I, DCPS Donald Hahn, authorize the Social Security Administration to send a copy of the consultative examination report(s) for the appointment(s) listed above to:

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

An individual may revoke his/her consent at any time with a written request.

Your Signature	Date	Current Phone Number

Current Address	City	State	Zip

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

Sections 205(a), 223(d), 1614(a) and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on any claim filed.

We will use the information to acknowledge attendance of scheduled medical appointment. We may also share your information for the following purposes, called routine uses:

1. To private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examination or vocational assessments which they were engaged to perform by SSA or a State agency acting in accord with sections 221 or 1633 of the Act; and
2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0044, entitled National Disability Determination Services File and 60-0089, entitled Claims Folders Systems. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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. We estimate that it will take about 5 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.***