



P.O. Box 349
Augusta, ME 04332-0349
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CONSENT FORM AUTHORIZING RELEASE OF INFORMATION

Member Name:

Prefix	First	MI	Last	Suffix

Last Four Digits of Social Security Number:

 Date of Birth:

mm	dd	yyyy

Home Email Address:

I authorize Maine Public Employees Retirement System (MainePERS) to obtain any and all information contained in the medical record from all treating providers and facilities (including copies of all applicable records) regarding any illness, injury, prescriptions, treatments, consultations and medical opinions relating to diagnosis, care and treatment of:

(LIST CONDITION(S) HERE:) _____
_____*

ADDITIONAL AUTHORIZATION:
I do do not authorize disclosure of information which refers to treatment or diagnosis of drug or alcohol abuse, the diagnosis of psychiatric illness (including progress and psychotherapy notes) or information which refers to treatment of HIV and related diseases.

These disclosures are necessary to determine my eligibility, or continued eligibility, for disability retirement benefits from MainePERS. This consent will expire 12 months from the date of my signature below.

I understand that I may refuse authorization to disclose all or some health care information, and that my refusal may result in the denial of my application for benefits, or current eligibility for benefits, from MainePERS. I understand that this authorization may be revoked at any time by me. I understand that revocation may result in the denial of my application for benefits, or current eligibility for benefits, from MainePERS. In order to revoke, I would need to execute a written revocation, subject to the right of any person who acted in reliance on this authorization prior to receiving notice of the revocation. I understand that this authorization may be revoked by mailing or hand delivering a notice to that effect to one of the following addresses:

Mailing Address: Disability Service Division, MainePERS, P.O. Box 349, Augusta, Maine 04332-0349

Physical Location: 139 Capitol Street, Augusta, Maine 04330

The revocation will be effective beginning on the date received at MainePERS.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I further authorize the release of any information obtained by MainePERS to any and all agents, servants, and employees of MainePERS acting on behalf of MainePERS in connection with my application, or appeal, for disability retirement benefits, including, but not limited to, consulting physicians, psychiatrists, psychologists and other health care providers, rehabilitation service providers, attorneys/advocates of MainePERS, Board Counsel and members of the MainePERS Board of Trustees.

A photocopy of this release will be as valid as the original. I understand that I am entitled to a copy of this authorization.

This release also grants the special authorization needed to release medical records pertaining to me under the Drug Abuse Office and Treatment Act of 1972 and the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendment of 1974.

Signature

Date

*Please attach additional sheets, as needed