



Medicare Privacy Release Form

Congresswoman Judy Biggert
Serving the Thirteenth Congressional District of Illinois

Phone: (630) 655-2052

Fax: (630) 655-1061

Name _____

E-mail _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

Phone Number _____ Work/Cell Number _____

Date of Birth _____ Social Security Number _____

Medicare Number _____

Please give a brief description of your situation. Please also attach copies of any relevant documents.

The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express permission of the person involved. Disclosure of personal records to a congressional office that is acting in behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented.

I, the undersigned, hereby authorize Congresswoman Biggert or her designee to receive and share information in my file pertinent to her/his inquiry on my behalf.

Signature _____ Date _____

Please mail this completed form and copies of any accompanying documentation to:

The Honorable Judy Biggert
6262 South Route 83, Suite 305
Willowbrook, IL 60527

Casework authorization to review personal information protected by the Privacy Act

The Privacy Act requires that you authorize access to your private records.
Without your authorization, an inquiry on your behalf will not be possible.

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