

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In Re: Tepezza Marketing, Sales Practices,  
and Products Liability Litigation

**THIS DOCUMENT RELATES TO:  
ALL CASES**

Master Case No. 1:23-cv-03568

MDL No. 3079

Judge Thomas M. Durkin



**CASE MANAGEMENT ORDER NO. 3  
(Protocol for Selection of Initial Bellwether Discovery Cases and Initial  
Bellwether Trial Cases, and Authorization of Plaintiff Profile Forms)**

**I. Scope of Order**

In furtherance of the effective and efficient case management of complex litigation, this Case Management Order (“CMO”) will govern the guidelines and procedures for selecting twelve cases subject to Fed. R. Civ. P. 12 motion practice and, as necessary, conducting individual case-specific discovery (the “Initial Bellwether Discovery Cases”), and then for selecting a smaller subset of four cases thereafter to be designated to be tried as bellwether cases in this MDL Proceeding (the “Initial Bellwether Trial Cases”). This CMO will also authorize the format for the Plaintiff Profile Form (“PPF”) and authorizations to be executed and served by each Plaintiff.

**II. Determination of cases eligible for Initial Bellwether Discovery Cases**

Cases filed and served in MDL No. 3079 within 15 days of entry of this Order shall be eligible to be selected as an Initial Bellwether Discovery Case. All Plaintiffs with a case filed in MDL No. 3079 are to provide the Defendant a completed PPF and medical records, employment, and social security disability authorizations, in the form attached as Exhibits A and B, within 30 days of the entry of this Order.

A plaintiff is only required to serve the Defendant with an executed psychotherapy authorization (Exhibit A) if the Plaintiff intends to assert a claim for psychiatric and/or

psychological injuries. However, failure to serve an executed psychotherapy authorization is without prejudice to Defendant subsequently seeking discovery of such information as it relates to the claims. Nothing in this Order prevents Plaintiff from objecting to the disclosure of such information in a given case.

A plaintiff is required to serve the Defendant with an executed employment or worker's-compensation authorization (Exhibit A) or social security authorization (Exhibit B) if the plaintiff intends to assert a claim for economic and/or wage loss. However, failure to serve executed employment authorizations is without prejudice to Defendant subsequently seeking discovery of such information as it relates to the claims. Nothing in this Order prevents Plaintiff from objecting to the disclosure of such information in a given case.

For a PPF to be considered completed, the plaintiff must provide responses to all fields in the form and must include all executed authorizations. The medical records authorization must be "hand-signed" (as opposed to electronically signed) by each Plaintiff. In addition, each Plaintiff shall provide at the same time as the PPF all medical records related to the case that are in the Plaintiff's or Plaintiff's counsel's possession.

Regardless of whether a case shall be included in the bellwether process, all Plaintiffs must complete a PPF, submit executed authorizations, and provide medical records that are in the Plaintiff's or Plaintiff's counsel's possession, within 30 days of filing their Complaint.

Any amendments to complaints filed and served in the MDL shall be made by the date that Plaintiffs select their Initial Bellwether Discovery Cases.

### **III. Selection of Initial Bellwether Discovery Cases**

The twelve Initial Bellwether Discovery Cases will be selected as follows:

- A. **Plaintiffs' Selections – Four Cases.** Within 60 days from the entry of this Order, Plaintiffs' Leadership Committee ("PLC") shall provide to Defendant their

selection of four Initial Bellwether Discovery Cases. The parties shall jointly submit a proposed Order identifying the four cases selected the following day.

- B. **Defendant's Selections – Four Cases.** Within 90 days from the entry of this Order, Defendant shall provide to PLC its selection of four Initial Bellwether Discovery Cases. The parties shall jointly submit a proposed Order identifying the four cases selected the following day.
- C. **Random Selections – Four Cases.** Within seven days of the Defendant's identification of its Bellwether Discovery case selections, the parties shall meet and confer to identify the cases eligible for inclusion in the bellwether pool for random selection. Within seven days of completion of that meet-and-confer conference, the parties shall submit to the Court a list of all cases that were filed and served in MDL No. 3079 ("MDL Case List") within 15 days of the entry of this Order. Defendant shall be entitled, but not required, to exclude any Plaintiff from this list who did not serve a completed PPF and executed authorizations on or before the deadline to do so. Following agreement of the parties on the list of eligible cases remaining in the bellwether pool, the parties shall employ a computer-generated application to randomly select four cases, not previously selected by Plaintiffs or Defendant, from the agreed MDL Case List. Upon selection of the random cases, the Parties shall supply the Court with a Stipulation and proposed Order identifying these four cases.
- D. Once a plaintiff is in the pool of Initial Bellwether Discovery Cases, such plaintiff cannot voluntarily dismiss without prejudice; any dismissal will be with prejudice, absent agreement of the parties or upon Court Order showing good cause.

- E. In the event that a case is voluntarily dismissed with prejudice before the selection of Initial Bellwether Trial Cases, the Court may at its discretion allow the selection of a replacement case by the Defendant or Plaintiff, depending upon the circumstances of the dismissal, to ensure the integrity of the bellwether process.
- F. In selecting their respective Initial Bellwether Discovery Cases, the parties shall select cases that they have a good-faith belief are representative of the body of then-filed cases as a whole, and that should be subject to Fed. R. Civ. P. 12 motion practice, discovery, Fed. R. Civ. P. 56 motion practice, Fed. R. Evid. 702 motions, and trial.

**IV. *Lexecon* Waivers**

Within 14 days of the entry of the Order identifying the Initial Bellwether Discovery Cases selected as described in Section III, subparts A–C, the parties must indicate whether they will waive their rights under *Lexecon Inc. v. Milberg Weiss Bershad Hynes & Lerach*, 523 U.S. 26. If a plaintiff is removed from the Initial Bellwether Discovery Cases pursuant to a *Lexecon* objection, the party that selected that plaintiff shall select a replacement (or replacements) from the MDL No. 3079 of cases filed and served in MDL No. 3079 within 15 days of entry of this Order.

**V. **Motion Practice on Initial Bellwether Discovery Cases****

To the extent that Defendant elects to seek dismissal under Fed. R. Civ. P. 12 as to any of the Initial Bellwether Discovery Cases, its deadline for filing shall be within 45 days of the filing of the operative complaint or selection of the case as an Initial Bellwether Discovery case, whichever is later. The Plaintiff shall respond to any Rule 12 motion within 45 days. Defendant shall have 30 days to reply. The Court will schedule oral argument, if desired, thereafter.

In the event that a case selected as one of the Initial Bellwether Discovery Cases is resolved on the merits under Rule 12, that case shall not be replaced.

To maximize efficiency and eliminate repetition, to the extent Defendant seeks dismissal of any of the claims alleged in an Initial Bellwether Discovery Case on a basis common to all of the cases, *e.g.*, federal preemption, Defendant will submit a consolidated motion and supporting memorandum as to any Initial Bellwether Discovery Case to which it argues that common basis applies.

To the extent Defendant seeks dismissal of any of the claims alleged in an Initial Bellwether Discovery Case on a basis that is not common to all of the cases, *e.g.*, under the applicable state law, Defendant will do so by separate motion and memorandum as to that Individual Initial Bellwether Discovery Case.

#### **VI. Fact Discovery on Initial Bellwether Discovery Cases**

- A. Each Plaintiff in an Initial Bellwether Discovery Case shall serve a completed Plaintiff Fact Sheet (“PFS”) within 30 days of the entry of the Order identifying that Plaintiff as a selection.
- B. Within 30 days of the entry of this Order by the Court, Defendant shall propose a draft Plaintiff Fact Sheet (“PFS”) to the PLC and the PLC shall propose a draft Defendant Fact Sheet (“DFS”) to Defendant. The parties shall have 15 days thereafter to exchange drafts and otherwise meet and confer on its substance. The final agreed PFS and DFS shall be submitted by the parties to the Court. If the parties are unable to agree on the contents of the PFS and DFS, the parties shall submit simultaneous briefs not to exceed five pages.
- C. The Defendant in each Initial Bellwether Discovery Case shall serve a completed Defendant Fact Sheet (“DFS”) within thirty days of the deadline for the PFS. Defendant may move to dismiss and is not required to serve a DFS in any case in which a PFS is not timely served. If a party determines that it needs additional

written discovery as to one of the Initial Bellwether Discovery Cases, the parties shall meet and confer regarding those issues. If the parties are unable to agree on the additional discovery, the parties shall brief the issue for judicial determination.

- D. Core Discovery in Initial Bellwether Discovery Cases. Core discovery shall be limited to the depositions of the plaintiff and three medical providers of Defendant's choosing. Plaintiffs are entitled to take one case-specific sales representative of Defendant that interacted with Plaintiff's treating and/or prescribing physician and an additional medical provider of the Plaintiff's choosing if necessary. If a party determines that an additional deposition is necessary, the parties shall meet and confer regarding that issue. If the parties are unable to agree on the additional deposition, the parties shall brief the issue for judicial determination.
- E. The parties shall meet and confer on a deposition protocol for conducting depositions including order of questioning.

**V. Selection of Initial Bellwether Trial Cases**

Within 30 days after close of fact discovery for the twelve Initial Bellwether Discovery Cases, PLC and Defendant's counsel shall each simultaneously submit a memorandum summarizing each of the twelve cases and explain which four of the twelve cases should be tried first, and the basis for that contention. The summary for each plaintiff included in the memorandum shall not exceed three pages.

- A. The Court will determine which of the four Initial Bellwether Trial Cases will be tried first, based on the parties' filed memoranda.
- B. In the event that a case selected as one of the Initial Bellwether Trial Cases is voluntarily dismissed with prejudice by Plaintiffs after the selection of the four Initial Bellwether Trial Cases, Defendant shall have the option (but shall not be

required) to select a new trial case to replace it from the Initial Bellwether Discovery Cases.

- C. In the event that a case selected as one of the Initial Bellwether Trial Cases is resolved on the merits after the selection of the four Initial Bellwether Trial Cases, that case shall not be replaced.
- D. In the event that a case selected as one of the Initial Bellwether Trial Cases is resolved via settlement after selection of the four Initial Bellwether Trial Cases, that case may, but is not required to be replaced by the party who initially selected the settling case to be an Initial Bellwether Discovery Cases
- E. Deadlines related to supplemental fact discovery, experts, Fed. R. Civ. P. 56, and Fed. R. Evid. 702 briefing for Initial Bellwether Trial Cases shall be imposed in a separate Order.
- F. If the Court schedules multiple sequential trials, it will set trial-related deadlines after ruling on Fed. R. Civ. P. 56 and Fed. R. Evid. 702 motions in connection with each of the four Initial Bellwether Trial Cases.
- G. This Order may be modified or amended by the agreement of the parties or for good cause shown, after appropriate notice and opportunity to be heard is provided to the affected parties, when the Court finds the interests of justice dictates modification.

**IT IS SO ORDERED.**

Ordered this 1<sup>st</sup> day of November, 2023.



Thomas M. Durkin  
United States District Judge

**MDL 3079, In Re: Tepezza Marketing, Sales Practices, and Products Liability Litigation**

**Plaintiff Profile Form**

In completing this Plaintiff Profile Form, you are under oath and must provide information that is true and correct to the best of your knowledge. The Plaintiff Profile Form shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order.

**I. Case Information**

Caption: \_\_\_\_\_

Date filed: \_\_\_\_\_

Court and Docket No.: \_\_\_\_\_

Plaintiff's attorney and contact information: \_\_\_\_\_

**II. Plaintiff Information**

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**III. Diagnosis & Treatment**

Plaintiffs reserve the right to supplement and amend.

1. Date of Diagnosis of Thyroid Eye Disease and/or Graves Orbitopathy: \_\_\_\_\_

2. Name and address of health care provider(s) who diagnosed above condition(s):  
\_\_\_\_\_

3. Name and address of healthcare provider(s) who prescribed TEPEZZA:  
\_\_\_\_\_

4. For each round of TEPEZZA infusions administered:  
a. Total number of infusions: \_\_\_\_\_  
b. Date of first infusion: \_\_\_\_\_  
c. Date of last infusion: \_\_\_\_\_  
d. Date(s) of other infusions: \_\_\_\_\_

5. Name and address(es) of medical facility where TEPEZZA infusions were administered:  
\_\_\_\_\_



6. Describe any injuries or symptoms you allege are related to TEPEZZA and identify any healthcare providers providing treatment for the injuries or symptoms, and the approximate date(s) of the treatment(s).

Symptom	Yes/No	Bilateral or Unilateral	Provider Name and Address	Approximate Date of Diagnosis and period(s) of treatment
Hearing loss				
Tinnitus				
Meniere's Disease				
Eustachian tube dysfunction				
Hyperacusis				
Hypoacusis				
Autophony				
Other [ <i>identify</i> ]				

**IV. Medical History**

1. Prior to the first infusion of TEPEZZA have you ever been diagnosed with diseases or disorders of the ear, including those listed in question 6, subsection III?

Yes No

**If yes**, please provide the approximate date(s) of diagnosis for each condition, and the name and address(es) of the health care provider(s) who made the diagnosis.

2. Prior to the first infusion of TEPEZZA have you ever:

a. Had a head injury?

Yes No

**If yes**, provide date of diagnosis and provider name and address:

b. Worn a hearing aid?

Yes No

**If yes**, provide date of diagnosis and provider name and address:

c. Had your hearing tested?

Yes No

If yes, provide dates and provider name and address:

\_\_\_\_\_

d. Used oral hormone therapy?

Yes No Don't recall

If yes, provider name and address: \_\_\_\_\_

If yes, duration of therapy: \_\_\_\_\_

e. Been exposed to loud noises (including, but not limited to, concerts, construction, motorcycle engine and shot gun blast)?

Yes No Don't recall

If yes, for how long? \_\_\_\_\_

f. Smoked?

Yes No

If yes, how much and for how long? \_\_\_\_\_

3. Do you have a family history of hearing loss?

Yes No Don't know

If yes, provide details \_\_\_\_\_

**V. Primary Care Physicians**

Please provide a list of all your treating physicians for ten years prior to your first infusion with TEPEZZA, including all primary care physicians, endocrinologists, ophthalmologists, otolaryngologists, audiologists, and hearing instrument specialists. For each, provide name, address, and approximate period of treatment.

Name of Provider	Address	Approximate period(s) of treatment

**VI. Pharmacies**

Please provide a list of all pharmacies where you filled prescriptions for ten years prior to your first infusion with TEPEZZA. For each, provide name, address, and approximate dates.

Name of Pharmacy	Address	Approximate period(s)

**VII. Medications**

1. Before your first infusion with TEPEZZA, had you ever taken:
  - a. Antibiotics such as gentamicin  
Yes    No    Don't recall
  - b. Anticancer medicines, such as cisplatin (Platinol) and carboplatin (Paraplatin)  
Yes    No    Don't recall
  - c. Pain medications that contain salicylate, such as aspirin, quinine, and loop diuretics  
Yes    No    Don't recall
  - d. Cardiac medications  
Yes    No    Don't recall
  - e. Medications to treat high blood pressure  
Yes    No    Don't recall
  - f. Medications to treat diabetes  
Yes    No    Don't recall
  - g. Non-steroidal anti-inflammatory drugs (NSAIDS)  
Yes    No    Don't recall

**VIII. Employment and Disability Claims**

1. Please provide the following information about your employment history for ten years prior to the date of your first infusion: Employer name, address(es), job title/description of duties/and approximate dates of employment.

Name of Employer	Address	Job title/brief description of duties	Approximate dates of employment

2. Have you applied for workers’ compensation, Social Security disability (SSI or SSD) benefits, or other state or federal disability benefits within the past 10 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes,** please specify the date(s) of application, the type of benefits sought; the agency from which you sought benefits; the nature of the claimed injury/disability; and whether the claim was accepted or denied.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IX. Authorizations and Medical Records**

1. For each provider or pharmacy identified on this Profile Form, provide a completed and signed Authorization for Release of Records in the form attached as Exhibit A to Case Management Order No. 3.
2. To the extent you are asserting a claim or intend to assert a claim for economic loss and/or wage loss as a result of your TEPEZZA infusions, please check boxes for employment records and Worker’s Compensation records in the Authorization for Release of Records in the form attached as Exhibit A to Case Management Order No. 3 and provide a completed and signed Consent for Release of Information (SSA-3288) attached as Exhibit B to Case Management Order No. 3.
3. To the extent you are asserting a claim or intend to assert a claim for psychiatric and/or psychological injuries beyond standard emotional-distress damages in a personal-injury context as a result of your TEPEZZA infusions, please check the boxes for release of psychiatric and mental-health records in the Authorization for Release of Records in the form attached as Exhibit A to Case Management Order No. 3.
4. Please produce the medical records of the healthcare providers identified above and any other of the Plaintiff’s medical records that are in your possession or your counsel’s possession as of the date this PPF is executed.

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**VERIFICATION**

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I, \_\_\_\_\_, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Profile Form and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff



## AUTHORIZATION FOR RELEASE OF RECORDS

### RECORDS SUBJECT:

Individual: \_\_\_\_\_ AKA: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### SERVICE PROVIDER:

Requesting Records from \_\_\_\_\_

### REQUESTED BY:

Law Firm/Insurance Company requesting records \_\_\_\_\_

**Disclosure of records will be provided to:** Ontellus representing the above Requested By.

The Service Provider is directed to make available for copying all records pertaining to the Individual. Including, but not limited to, any and all files, photographs, video and/or audio tapes and/or records for all injuries or conditions in the Service Provider's possession or under the Service Provider's control that is held for any purpose. Nothing shall be removed, deleted, altered, or withheld.

**If additional items are to be disclosed or not disclosed by Service Provider, you *must* check ALL appropriate boxes.**

**Release**  
Records

Do **NOT**  
Release  
Records

All medical records during the care and treatment, hospitalizations, evaluations, testing, examination, office visits, emergency room, lab testing. Including, but not limited to, nurse's notes, operative and pathology reports, emergency room records, surgery records, physical therapy records, inpatient and outpatient charts, MD progress notes, consults, MD orders, discharge summary, MD orders, prescriptions, EKG, and EMG, EEG.

<b>Release</b>	<b>Do NOT</b>
<b>Records</b>	<b>Release</b>
	<b>Records</b>

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | All billing records, itemized statements of the billing charges pertaining to the care, treatment and examination, showing all charges, expenses, costs and payments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | All Original X-ray films, MRI films, CT Scans, and film reports.  |
| <input type="checkbox"/> | <input type="checkbox"/> | All psychiatric, drug and/or alcohol treatment, evaluation, treatment, abuse testing, counseling, rehabilitation records.<br><b>INITIAL HERE</b> _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | All mental health information consisting of, but not limited to, all notes, records and reports of psychotherapy diagnosis, evaluation and treatment. <b>INITIAL HERE</b> _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | All employment records, including, but not limited to, payroll records, absenteeism or time off, benefits, applications, and claim records, applications for employment, work absentee records, time cards, incident reports, W-2's, 1099's, pre-employment exam records and employee progress records.   |
| <input type="checkbox"/> | <input type="checkbox"/> | All academic records, report cards and transcripts, to include all office disciplinary and scholastic records, class schedules, absentee records, medical records, incident reports, teacher comments and any records having to do with physical education or participation in sports or extra-curricular activities from the first date of enrollment to the present.  |
| <input type="checkbox"/> | <input type="checkbox"/> | All insurance records, including correspondence, payments, photographs, underwriting and claim records. Including, but not limited to, copies of policies involved, payments made there under, medical records submitted by the company or other physicians. Any and all documents, including, but not limited to, Declarations of Coverage, which evidence compliance with California Financial Responsibility Laws at the time of the accident. |

<b>Release</b>	<b>Do NOT</b>
Records	Release
	Records

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All Worker's Compensation and insurance records, including but not limited to, medical records, correspondence, payments, and claims.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete photographs including but not limited to any records/documents that may be stored digitally and/or electronically: any and all photographs or duplicate laser copies thereof (photocopies are not acceptable) in your possession, custody, or control (either received by you or taken by you). |
| <input type="checkbox"/> | <input type="checkbox"/> | All HIV test results or any related AIDS virus information.<br><b>INITIAL HERE</b> _____   |

At the request of the Individual this information will be used for the purpose of aiding the Individual and his or her attorney in establishing the liability, nature and extent of a claim for injuries and disabilities and to establish benefits, expenses, compensation and damages. The information provided may be disclosed by the Attorney or Ontellus to other parties and/or treating/evaluating physicians for the purpose of prosecuting or defending any claim for which the Attorney has been engaged to pursue or defend. This Authorization does not permit the Service Provider to allow the copying of records by any other copy service or business associate as defined by the Health Insurance Portability and Accountability Act (HIPAA). This Authorization does not permit disclosure of any information to any person, entity, provider or insurance company other than the copying of records by a representative of Ontellus. Any and all Authorizations signed before this Authorization are revoked.

Attorney designates and authorizes Ontellus as his/her representative to pursue any and all legal remedies necessary to compel the production of records from the Provider.

A copy of this Authorization is as valid as the original; the original is not required to be shown. The Individual has the right to revoke this Authorization at any time by giving the Provider written notice of revocation of this Authorization. A copy of this signed Authorization will be given to the Individual after it has been signed. The Individual has the right to refuse to sign this Authorization. The provider may not condition treatment, payment, enrollment or eligibility for benefits on whether the Individual signs the Authorization. This authorization shall expire three years from the date of execution below unless a different date is specified here \_\_\_\_\_.



Date: \_\_\_\_\_

\_\_\_\_\_  
*Individual's signature or Representative*

\_\_\_\_\_  
*If signed by other than Individual indicate relationship (i.e.  
Parent, Legal Guardian, Power of Attorney, or Conservator)*

This authorization was created in 14-point type in accordance with California  
Legislature Assembly Bill 715.

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## Consent for Release of Information

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### Instructions for Using this Form

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Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). You may complete this form to release only the minor's non-medical records, if you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child. We require proof of relationship, if you are not the subject of the record. We may charge a fee for providing the information, if you are requesting the information for a purpose unrelated to the administration of a program under the Social Security Act. If you are requesting information, such as a Social Security Statement or benefit verification letter, you can also access this information by creating an account at <https://www.ssa.gov/myaccount/>.

**NOTE: Do NOT use this form to request:**

- **The release of a minor child's medical records. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or**
  - **Detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).**
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### How to Complete this Form

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We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in the name, date of birth, and social security number of the subject of the record.
- Fill in the name and address of the person or organization of where you want us to send the requested information.
- Specify the reason you want us to release the information (e.g., litigation, investigation, determining eligibility for benefits). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child or legally incompetent adult, you must state how the release of information is in the best interest of the minor child or legally incompetent adult.
- Check the box next to the type(s) of information you want us to release including specific date ranges, where applicable.

**NOTE:** Unless otherwise specified, the consent form is valid for one-time use only. Also, it is valid for one year from the date of signature, unless you are requesting medical records. A consent form that includes a request for medical records is valid for 90 days from the date of signature.

Send or bring the completed form to the subject of the record's local servicing office. To locate the appropriate servicing office, visit <https://secure.ssa.gov/ICON/main.jsp>, and input the subject of the record's ZIP code.

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**Consent for Release of Information**

You must complete all required fields. We will not honor your request unless all required fields are completed. (\*Signifies a required field. \*\*These are not mandatory fields for the consent form to be acceptable. Please complete these fields in case we need to contact you about the consent form).

**TO: Social Security Administration**

\_\_\_\_\_ **\*Full Name** \_\_\_\_\_ **\*Date of Birth (MM/DD/YYYY)** \_\_\_\_\_ **\*Full Social Security Number**

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

**\*NAME OF PERSON OR ORGANIZATION:** \_\_\_\_\_ **\*ADDRESS OF PERSON OR ORGANIZATION:** \_\_\_\_\_  
**\*\* PHONE NUMBER OF PERSON OR ORGANIZATION:** \_\_\_\_\_

**\*I want this information released because:**  
We may charge a fee to release information for non-program purposes.

**\*Please release the following information selected from the list below:**  
Check at least one box. If requesting medical records, do not check both boxes 7 and 8. We will not disclose records unless you include specific date ranges where applicable.

- 1.  Verification of Social Security Number
- 2.  Current monthly Social Security benefit amount
- 3.  Current monthly Supplemental Security Income payment amount
- 4.  Social Security benefit amounts from date \_\_\_\_\_ to date \_\_\_\_\_
- 5.  Supplemental Security Income payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
- 6.  Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
- 7.  Medical records from date \_\_\_\_\_ to date \_\_\_\_\_
- 8.  Complete medical records
- 9.  Other Social Security record(s) (We will not honor a request for "any and all records" or "the entire file." You must specify which records you are seeking. For example, award/denial notices, benefit applications, appeals)

**I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 1746) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtains access to records about another person under false pretenses is punishable by a fine of up to \$5,000.**

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_  
**\*\*Address:** \_\_\_\_\_ **\*\*Daytime Phone:** \_\_\_\_\_  
**\*\*Relationship (if not the subject of the record):** \_\_\_\_\_ **\*\*Daytime Phone:** \_\_\_\_\_

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)

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, 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 honoring the request to release information or records about you. We will use the information you provide to respond to the request for Social Security Administration (SSA) records. We may share the information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs.

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) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784; 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210; and 60-0340, entitled FOIA and Privacy Act Record Request and Appeal System, as published in the FR on July 13, 2016, at 81 FR 45352. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

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 control number. We estimate that it will take about 5 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 only comments relating to our time estimate to this address, not the completed form.***