

Please read, sign, and return to DDB with your proposal.

CONFIDENTIALITY REQUIREMENTS PERTAINING
TO CONSULTATIVE EXAMINATION PHYSICIANS

“I acknowledge and understand that the Social Security Act and its implementing Regulation No. 1 (42 U.S.C. 1306; 20 C.R.R. 401) prohibit the unauthorized disclosure of information obtained in the administration of Social Security programs and make such disclosure a crime. These prohibitions extend to any background data furnished to the provider in conjunction with the performance of the services contracted herein, and to any reports generated as a result of providing such services, including any copies of such reports retained by the provider.

Unauthorized disclosure of such records by the provider is prohibited. I also acknowledge that release of my records or testimony in relation to a court order (subpoena) is also prohibited. I further acknowledge and understand that should referral of any individual, or data pertaining to an individual, to any third party provider (for additional diagnostic studies, clerical or transcription services, messenger services, (etc.) become necessary in providing services contracted for herein, such third-party provider must be made aware that services are being performed in connection with a Social Security program, and that improper disclosure of information about the subject individual is prohibited.”

Print Name

Signature

Date

Please keep this copy for your records.

CONFIDENTIALITY REQUIREMENTS PERTAINING
TO CONSULTATIVE EXAMINATION PHYSICIANS

“I acknowledge and understand that the Social Security Act and its implementing Regulation No. 1 (42 U.S.C. 1306; 20 C.R.R. 401) prohibit the unauthorized disclosure of information obtained in the administration of Social Security programs and make such disclosure a crime. These prohibitions extend to any background data furnished to the provider in conjunction with the performance of the services contracted herein, and to any reports generated as a result of providing such services, including any copies of such reports retained by the provider.

Unauthorized disclosure of such records by the provider is prohibited. I also acknowledge that release of my records or testimony in relation to a court order (subpoena) is also prohibited. I further acknowledge and understand that should referral of any individual, or data pertaining to an individual, to any third party provider (for additional diagnostic studies, clerical or transcription services, messenger services, (etc.) become necessary in providing services contracted for herein, such third-party provider must be made aware that services are being performed in connection with a Social Security program, and that improper disclosure of information about the subject individual is prohibited.”

Signature

Date