



Cindy Hyde-Smith
United States Senator • Mississippi

Privacy Release Form

Consent for Release of Personal Records by Center for Medicare Services

Mr./Mrs./Ms./ Dr./Other: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

D.O.B: _____ Social Security Number: _____

Email Address: _____ Phone: _____

Medicare #: _____

List anyone else who can discuss your matter with my office: _____

Have you completed a Privacy Release Form from another Congressional office regarding this issue?

☐ Yes ☐ No

If Yes, please list the office(s): _____

Please briefly explain your problem(s) and how my office might be able to assist on your behalf. (You may attach additional information or documentation.)

***Note:** This form and any correspondence will be sent to the agency officials. Please do not send original documents.

Due to the Privacy Act of 1974 (PL 93-579), federal government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Senator, to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

Signature: _____ Date: _____

Email: casework@hydesmith.senate.gov

Southaven

4716 Pepper Chase Drive
Southaven, MS 39671
Phone: (662) 655-2346 Fax: (662) 280-3006

Oxford

911 East Jackson Avenue, Suite 249
Oxford, MS 38655
Phone: (662) 236-1018 Fax: (662) 236-7618

Metro Jackson

1020 Highland Colony Parkway, Suite 203
Ridgeland, MS 39157
Phone: (601) 965-4459 Fax: (202) 228-6004

Brookhaven

P.O. Box 537
Brookhaven, MS 39602
Phone: (601) 748-8024 Fax: (202) 224-7444

Gulfport

2012 15th Street, Suite 451
Gulfport, MS 39501
Phone: (228) 867-9710 Fax: (228) 867-9789