

Disability Evaluation Services

**University of Massachusetts Medical School**

333 South Street

Shrewsbury, MA 01545-2732

10/15/19

Re: DES Authorization to Release Information

Dear ,

Disability Evaluation Services is fully committed to providing disability applicants and their authorized representatives with timely access to their medical records. In order to expedite a request for information, **effective July 8, 2019, Disability Evaluation Services requires the completion and submission of the attached revised Authorization to Release Information Form {DES AR/PS-1 (rev 7/3/2019)}. DES will no longer accept other Authorization forms.**

So that DES may promptly process your request, please be sure to fully complete the Authorization and have it properly signed by your client or his/her authorized representative. In **Section 4,** if no selections are checked, DES will release records related to mental health, HIV/AIDS, alcohol/drug abuse treatment and genetic information. If you leave any other section blank, your permission will not be valid, and DES will not be able to share the information with the person or organization listed on the Authorization.

The Authorization automatically expires **six (6) months from the date of the signature,** unless an earlier date is provided on the Authorization. If the Authorization expires, you will need to provide DES with another Authorization signed by your client or his/her representative.

If you have any questions, please call 1-800-888-3420 and ask to speak with a member of the Authorization to Release Medical Records Team. Thank you for your cooperation.

Sincerely,

Medical Records

UMass Disability Evaluation Services (DES)