



OFFICE OF CONGRESSMAN SETH M. MAGAZINER (RI-02)
PRIVACY ACT AND HIPAA AUTHORIZATION FORM

Please print.

Full Name: _____

Social Security Number: _____ Date of birth: _____

V.A. Number: _____

Place of birth: _____

Current address:

Street/Apt.: _____

City/State/Zip: _____

Home phone: _____ Work phone: _____

E-mail address: _____

Federal Agency Involved (if known): _____

Have you contacted any other elected official regarding this case? Yes/No (circle)

If so, who? _____

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), and the Health Insurance Portability and Accountability Act of 1996 (110 Stat. 1936; Pub. L. 104-191), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to the Office of U.S. Representative Seth M. Magaziner (RI-02). I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

Please return the *signed original* form to my District Office at:

Congressman Seth M. Magaziner (RI-02)

935 Jefferson Blvd. Suite 3003

Warwick, RI 02886

Phone: (401) 244-1201

Fax: (771) 200-5780

Email: RI02constituentservice@mail.house.gov

Constituent's Name (please print): _____

DESCRIPTION OF ASSISTANCE REQUESTED

Please describe the type of assistance you are seeking from the Representative's office (include agency claim numbers, if any, and attach *copies* of any relevant documents and correspondence).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Use the back of this form, if necessary.)