



Massachusetts Senior Medicare Patrol Program

Elder Service of the Merrimack Valley
280 Merrimack St., Suite 400, Lawrence, MA 01843
Phone: 800-892-0890 Fax: 978-687-1067

You have contacted the Massachusetts SMP Program for assistance regarding a healthcare error, fraud or abuse issue. Please complete and sign this Release of Information Authorization form so that we may handle your request or refer it to the proper investigative agency if necessary. You are not required to sign the release; however, without your signed consent we cannot send your concern to the appropriate agency for further investigation.

Release of Information Authorization

I, _____ hereby authorize Lucilia Prates or any other assigned Massachusetts Senior Medicare Patrol (SMP) Program representative to discuss my complaint with the appropriate authorities for the purpose of investigating and resolving possible error, fraud or abuse.

I understand that, except for actions already taken, I may revoke this authorization at any time. I also understand that a photocopy of this authorization has the same effect as the original.

Your signature

Date

Please return this form to:

Lucilia Prates, Director

Massachusetts Senior Medicare Patrol Program
Elder Services of the Merrimack Valley, Inc.
280 Merrimack Street, Suite 400
Lawrence, MA 01843