

AGENCY LETTERHEAD

Date: _____

Case ID: [Fill-in]

Addressee Name

Address Line 1

Address Line 2

City, State, ZIP Code

PERMISSION TO PARTICIPATE IN A VIDEO CONSULTATIVE EXAMINATION

IMPORTANT: Please sign, date, and mail this form as soon as possible using the pre-addressed envelope provided.

Dear [First Name] [Last name],

We are contacting you because we need additional medical information for your disability claim with the Social Security Administration. We are requesting you to attend a consultative examination with a psychiatrist or psychologist to help us make a decision on your case.

The COVID-19 national public health emergency is making it hard to provide in-person consultative examinations. We are allowing psychiatrists and psychologists to do consultative examinations by video instead of in-person. A video examination allows you to attend the appointment from your home or other private location using a camera-enabled smart phone, tablet, or computer.

We want to make sure you know that some of these video technologies may not be secure, which could put your personal information at risk by allowing unauthorized third parties to access your personal information.

You are not required to attend the exam by video. You can wait until you can be seen in person. If you do not agree to attend a video consultative examination, there may be a delay in processing your claim.

If you agree to attend a video consultative examination, we will notify you prior to your examination which video technology the psychiatrist or psychologist will use. You can opt out of a video examination at that time.

If you agree to participate in a video consultative examination, you must present government-issued photo identification (ID) over the video connection to confirm your identity. You can provide ID documents like a United States (U.S.) State-issued driver's

license, U.S. State-issued ID card, U.S. passport, U.S. military ID, or student of school ID.

You might be asked or required to agree to third-party terms and privacy policies of the video technology provider. Neither the State Disability Determination Services(DDS) nor the Social Security Administration control the terms of service or privacy policies or the third party video technology.

If at any time you change your mind about attending a video consultative examination, you may ask us to postpone the examination by calling the DDS at the number below. If you ask us to postpone your examination, there may be a delay in processing your claim.

Please answer the questions below about how you would like to proceed with your consultative exam:

1. While we cannot guarantee complete privacy for these exams, are you willing to participate in a consultative examination voluntarily using video technology?

Yes

No

2. Do you understand that you may change your mind at any time about attending a consultative examination using video technology, and that doing so may delay, but will not otherwise affect our determination on your claim?

Yes

No

3. Do you acknowledge and accept that there may be a privacy risk to your personal information if you attend a consultative exam using video technology?

Yes

No

If you agreed above to participate in a video consultative examination, the State DDS will inform you which video technology the psychiatrist or psychologist will use for your examination and will include instructions for using the technology.

As noted above, if you become concerned about using the video technology that the State DDS chooses for your examination, you may ask to postpone the examination by calling the telephone number listed below. If you ask to postpone the examination, there

may be a delay until we can reschedule the examination in-person or using technology you agree to, or until we receive adequate evidence to make a determination.

(Your Signature)

(Date)

(Printed Name)

If you have any questions about this letter or need to contact us, call Monday through Friday between 8:00 a.m. and 4:00 p.m. at the phone number below.

Thank you,

(DDS Signature Information) _____
DDS PHONE NUMBER Fill-in
DDS TTY/TRS Fill-in

Privacy Act Statement Collection and Use of Personal Information

Sections 221(a), (i), and (j), and 1633(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may delay, but will not negatively affect the determination we make on your claim for benefits.

We will use the information you provide to acknowledge your willingness to participate in a video consultative examination. We may also share the information for the following purposes, called routine uses:

- To private medical and vocational consultants, for use in preparing for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or a State agency, in accordance with sections 221 or 1633 of the Social Security Act; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0320, entitled Electronic Disability Claim File, as published in the Federal Register (FR) on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.