

EDCS Screenshots for eAuthorization (SSA-827)

EDCS Summary table:

Medical Release (SSA-827) - AN: 007-84-6203 CEF: Y [Open in eView](#) [Hide Instructions](#)

Image	Date	Method	Attested	Reason Declined	Office Code	Restricted
Medical Release Form	05/17/2012	Wet Signed	N/A		E02	
Medical Release Form	05/17/2012	Wet Signed	N/A		E02	
Medical Release Form	05/17/2012	Wet Signed	N/A		E02	
Medical Release Form	05/17/2012	Wet Signed	N/A		E02	
Medical Release Form	05/17/2012	Wet Signed	N/A		E02	
Medical Release Form	05/01/2012	In Office	Yes		S22	

Create e827 is only for Adult First Party Claimants. Refer to [DL 11005.055](#)

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Figure 1

eAuthorization 'Not yet answered' response screen:

SSA-827 eAuthorization - AN: 436-75-3406 CEF: NYA [Open in eView](#) [Hide Instructions](#)

SSA-827 eAuthorization

Interview

Interview Type: In Office Telephone

Attestation Script

"Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks."

Obtain Claimant's Affirmation of Intent to sign the SSA-827

- "Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you agree to authorize disclosure of your information to Social Security?"

Does the individual agree to the above questions and to authorize disclosure?

Yes No Not yet answered

Figure 2

eAuthorization Yes response screen:

SSA-827 eAuthorization

Interview

Interview Type: In Office Telephone

Attestation Script

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all your medical records and other information related to your ability to perform tasks."

Obtain Claimant's Affirmation of Intent to sign the SSA-827

- "Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you agree to authorize disclosure of your information to Social Security?"

Does the individual agree to the above questions and to authorize disclosure?

Yes No Not yet answered

I attest to the individual's intent to authorize disclosure.

Figure 3

eAuthorization No response screen:

SSA-827 eAuthorization - AN: 343-20-0103 CEF: NYA

[Open in eView](#) [Hide Instructions](#)

SSA-827 eAuthorization

Interview

Interview Type: In Office Telephone

Attestation Script

We will ask you to acknowledge that you have read the SSA-827 (Authorization to disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all your medical records and other information related to your ability to perform tasks."

Obtain Claimant's Affirmation of Intent to sign the SSA-827

- "Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you agree to authorize disclosure of your information to Social Security?"

Does the individual agree to the above questions and to authorize disclosure?

Yes No Not yet answered

*Reason for Decline:

- Print SSA-827 Medical Release Form
 Print SSA-827 Medical Release Form with Associated Barcode

Figure 4