eView Summary Screen:

ncyhelen Lembcke Green 629-05-3200 DIB Flags: <u>View Details/Edit</u> No Flags Preser					OQP:	CEF: NYA	Edit (Lock Case) Folder CA	<u>Search</u> <u>Print Forms</u> <u>H</u> L: N
Alerts & Messages Case Data	Case Doc <u>u</u> ments	Status/H <u>i</u> story						
Case Data Case Info Allegation(s)	Medical Release (827)				Previo	us Page	Next Pag
<u>Onset</u> FO Disability Dev	All Medical Release forms for	or this case.						
Sources	Image	Date	Method	Attested	Reason Declined	Office Code	Adjudicative Level	Restricted
<u>Medications</u> Tests	Medical Release Form	06/18/2012	Internet	Yes		<u>C80</u>	Initial	
Educational Info	Medical Release Form	06/06/2012	In Office	Yes		<u>C80</u>	Initial	
Contact(s)	Medical Release Form	06/04/2012	In Office	Yes		<u>C80</u>	Initial	
Vork/Voc Information	Medical Release Form	06/04/2012	Telephone	Yes		<u>C80</u>	Initial	
<u>)bservation(s) irior Claim Info</u> ledical Release (827)								
ase Review	Top of Page					Provio	us Page	Next Pag
Version: 24.0 Build: 67 Build Date: 06/31/2012 07.02 PM Logged-In User Name: POULOSE, S Office: 080								

Figure 1

eView/ Create e827 button:

Elizabeth Jordan 007-84-6203 DIB AOD: 01/01/2009 R: Flags: <u>View Deletils/Edit</u> - No Flags Present	OQP:	CEF: Y	DINIOCK Cas	<u>e Folder Search</u> Print CAL: N	Forms <u>Help</u> <u>eCAT</u>
Alerts & Messages Case Data Case Documents Status/History [Expand All]* Collapse All J* Select All Deselect All Deselect All Sensitive ORS Queries Locate Docs					
A. Payment Documents/Decisions (Yellow Front)	Select All / Deselect Al	1	Items: 0	Page Count: 0	*
B. Jurisdictional Documents/Notices (Red)	Select All / Deselect Al		Items: 0	Page Count: 0	
C. Current Development/Temporary (Green)	Select All / Deselect Al		Items: 0	Page Count: 0	
D. Non-Disability Development (Orange)	Select All / Deselect Al	-	Items: 0	Page Count: 0	
E. Disability Related Development (Blue)	Select All / Deselect Al		Items: 8	Page Count: 0	
F. Medical Records (Yellow Back)	Select All / Deselect Al	 II	Items: 0	Page Count: 0	
Queries	Select All / Deselect Al	<u>II</u>	Items: 0	Page Count: 0	
Multimedia Files	Select All / Deselect Al	<u>II</u>	Items: 0	Page Count: 0	
Open Create CD Move Copy_ Docs Print Outstagding Requests Create Barcode Create Barcode	Create e827 Help Bookmarks Categories	Update Page Nu	nbers		

eView/ eAuthorization screen:

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 authorize disclosure? O Yes O No
No Vet answered

Cancel Help

eView/ eAuthorization Yes response screen:

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?"
- Do you agree to authorize disclosure of your mormation

Does the individual agree to authorize disclosure? ● Yes ○ No ○ Not yet answered

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

Attest, Submit & Print

Cancel Help

eView/ eAuthorization No response screen:

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
*Reason for Decline: Wet Signature Preferred
Print SSA-827 Medical Release Form
Print SSA-827 Medical Release Form with Associated Barcode
Decline eAuthorization and Print
Cancel Help