eView Summary Screen:

Figure 1

eView/ Create e827 button:

Figure 2

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?
○ Yes ○ No ● Not yet answered

[Cancel] [Help]

Figure 3

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?"

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]

Figure 4

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 ● No ○ Not yet answered

*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]

Figure 5