

eView Blank (Telephone)

View 202 93 0080 North Howard Arthur - Windows Internet Explorer

827 eAuthorization

Status

Date recorded to eFolder:	Method:
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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 of your medical records and other information needed to your ability to perform tasks. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information."

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause

- * Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?*
- * Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?*

Does the Individual agree to authorize disclosure? Yes No Not yet answered

Trusted Sites | Protected Mode Off 8/10/08

eView Blank (In Office)

eView 201-93-0080 Mark Howard.rtf:ru - Windows Internet Explorer

827 eAuthorization

Status

Date recorded to eFolder:	Method:
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Interview

Interview type: In Office Telephone

Attestation Script

"This is a printed copy 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. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information."

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause

- Do you understand that the SSA-827 that you have read and signed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?"
- Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"

Does the Individual agree to authorize disclosure? Yes No Not yet answered

Trusted Sites Protected Media Off 100%

eView – Yes

Window 220 83 0055 Martin Howard Arthur Windows Internet Explorer

827 eAuthorization

Status

Date recorded to eHolder: Method:

Interview

Interview type: In Office Telephone

Attestation Script

Here is a printed copy 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. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clauses

- * Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?
- * Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?

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

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

Trusted sites | Protected Mode: Off 8/10/15

eView – No

View 202 93 0080 North Howard, Arthur - Windows Internet Explorer

827 eAuthorization

Status

Date recorded to e-older: Method:

Interview

Interview type: In Office Telephone

Attestation Script

Here is a printed copy 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 needed to your ability to perform tasks. We will ask you to confirm the truthfulness of your responses under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause

- "Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"

Does the Individual agree 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 Records

Decline eAuthorization

Cancel Help

✓ Trusted view | Trusted Media Off 100%

eView – No (Decline Options)

827 eAuthorization

Status

Date recorded to eFolder: Method:

Interview

Interview type: In Office Telephone

Attention Script

There is a printed copy 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. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause

- "Do you understand that the SSA 827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"

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

Reason for decline:

Print SSA 827 Medication

Print SSA 827 Medication

Decline eAuthorization

Web signature preferred
Restrict SSA 827
Refusal to sign
Provided evidence
Other

Urcode

Cancel Help

eView – Decline

eView 220 93 0095 Martin Howard Arthur Windows Internet Explorer

827 eAuthorization

Status

Date recorded to eFolder: _____ Method: _____

Interview

Interview type: In Office Telephone

Attestation Script

"Here is a printed copy 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. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information."

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause

- * "Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information needed to your ability to perform tasks?"
- * "Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"

Does the individual agree 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 Records](#)

Trusted sites | Protected Mode: Off 8/10/15

Case Data

Windows Internet Explorer

Ward Howard Arthur 220 43 0185 015 ACDE

Alerts & Messages Case Data Case Documents Status History EgIBB List CAR

Case Data

- [Case Info](#)
- [Attachments](#)
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- [Sources](#)
- [References](#)
- [Links](#)
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- [Contact Info](#)
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- [Event Calendar](#)
- [Case Review](#)
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Forms

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eAuthorization SSA-B27 Summary Table

Date	Method	Approved	Reason Declined	Office Code
1/22/2011	Internet	No		
1/27/2010	In office	Yes		BY7
1/10/2010	Telephone	No	Limit SSA B27	ALC

Trusted sites | Protected Mode Off | 100%