



Authorization for Disclosure

For WebView Access Only

MEDICAL RECORDS

You have my permission to provide access to my medical records via the online WebView portal to the following person:

Name: _____ Phone # _____

Relationship: _____

Patient Name

Birthdate

Patient Signature

Date

This disclosure expires on the patient's 18th birthday, unless otherwise notes below:

Expiration date or event: _____

*You may revoke this disclosure at anytime by writing a letter or filling out a revocation form.
*The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of disclosures of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.
***Note: Uses and disclosures for TPO maybe permitted without prior consent in an emergency**