HIPAA Authorization Form

(For Release of Medical Information - Nexus Letter Support)

1. Veteran Information:

Name: Date of Birth: Last 4 of SSN:

2. I Authorize: Nexus Letters for Veterans

To review medical records for Nexus letter writing purposes.

3. Information to Be Released: Medical history, treatment records, mental health, labs, STRs

4. Purpose of Disclosure: To assist in creation of a VA Nexus letter.

5. Method of Disclosure: Secure upload, encrypted email, or video consultation.

6. Expiration: Valid for 1 year unless revoked in writing.

7. Rights: May revoke at any time. Benefits are not affected by this authorization.

8. Signature of Veteran:

Date: