

Patient Consent to View Health Record History

Name:

Email:

Phone:

Birth Date:

By using this service, you acknowledge and agree that you are providing explicit consent for authorized healthcare providers, clinical staff, or designated personnel to access, view, and review your health record history as necessary for the purposes of medical evaluation, treatment, care coordination, billing, compliance, and related healthcare operations.

You understand and agree that your health records may include, but are not limited to, medical history, diagnoses, medications, laboratory results, imaging reports, clinical notes, and other health-related information. Access to such records will be limited to individuals who are authorized and who require the information to perform their professional duties.

You further acknowledge that your health records will be accessed and handled in accordance with applicable privacy and data protection laws and regulations (including, where applicable, HIPAA or other local healthcare privacy laws). Reasonable administrative, technical, and physical safeguards will be maintained to protect the confidentiality and security of your information.

You may withdraw or limit your consent at any time, subject to applicable legal and contractual obligations, by contacting the service provider through the designated support channels. Please note that withdrawing consent may affect the ability to provide certain services or ongoing care.

By continuing to use the service or by providing your information, you confirm that you have read, understood, and voluntarily agreed to this consent.

Signature



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