

## REQUEST FOR VETERANS SERVICE ORGANIZATION (VSO) ACCESS TO COMPUTER PATIENT RECORD SYSTEM (CPRS) READ ONLY

To request access to CPRS Read Only in order to assist a veteran in the preparation of the veteran's claim, complete Section 1 and submit the form to the Chief, Health Information Management. A single completed form is necessary for each veteran for whom you hold Power of Attorney (POA). This form will be filed in the veteran's administrative record.

SECTION 1 (to be completed by the VSO requesting access)					
NAME OF REPRESENATIVE	ORGANIZATION				
NAME OF VETERAN					
SIGNATURE		DATE			
SECTION 2 (to be completed by the Chief, He		or designee)			
CECTION 2 (to be completed by the offici, re	zani momation management,	or acoignice,			
I have verified that:					
The requestor is a representative of an officially-recognized Veterans Service Organization and is					
accredited in accordance with Title 38 United States Code (U.S.C.) §14.626-14.635.					
decreated in decordance with Title 30 Cliffed 5	tates code (0.5.c.) \$1 1.020 1	1.033.			
The requestor holds valid POA for the veteran l	isted in Section 1.				
SIGNATURE AND TITLE		DATE			
GOWN ONE / WE THEE					
NOTE: This form must be filed in the veteran's adminis	strative record, along with a c	copy of the POA and will			
<b>NOTE:</b> This form must be filed in the veteran's administrative record, along with a copy of the POA and will serve as documentation of the initial disclosure of information.					
ADDITIONAL COMMENTS					