



PLACE LABEL HERE

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Med. Rec. Site: \_\_\_\_\_

MR #: \_\_\_\_\_

ELECTRONIC RELEASE

**eRecordLink Consent**

eRecordLink allows a health care provider who is currently treating you to electronically access your medical record. This access to your record may help the provider learn about your past medical history and facilitate the best care possible. Reliant Medical Group<sup>1</sup> is committed to protecting your electronic medical record and takes all reasonable steps to ensure that the transfer of information is secure.

**Authorization to Release Information via eRecordLink**

To facilitate my care, I hereby give any non-Reliant Medical Group treating provider involved in my care full access to all of my medical information contained within Reliant Medical Group’s secure electronic medical record. This may include statutorily protected information, e.g. STD, genetic testing, HIV testing, etc.

Print Patient’s Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient / Legal Representative\* Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If Legal Representative, please print name and list relationship to patient below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**For more information about eRecordLink please contact  
Web Services at (774) 261-1292 or email us at [webservices@reliantmedicalgroup.org](mailto:webservices@reliantmedicalgroup.org)**

**Please fax form to Reliant Medical Group’s Web Services Department at:  
(774) 261-1108**

<sup>1</sup>Reliant Medical Group includes any and all subsidiaries.