

Release of Patient Health Data for Online Access

Date: _____

To Whom It May Concern,

I, **[Patient's Full Name]**, born on **[Date of Birth]**, authorize **[Healthcare Provider's Name]** to release my health data for online access.

Details of Release:

- Patient ID: **[Patient ID]**
- Address: **[Patient's Address]**
- Contact Number: **[Patient's Contact Number]**

Please ensure that this information is made available through a secure online platform. I understand that I have the right to revoke this authorization at any time by submitting a written request.

Thank you for your attention to this matter.

Sincerely,

[Patient's Signature]

[Printed Name]