Department of Veterans Affairs	REQUEST FOR ACCESS TO CO	VETERANS SEP MPUTER PATIE READ (RVICE ORG NT RECOR ONLY	GANIZATION (VSO) D SYSTEM (CPRS)
To request access to CPRS Read complete Section 1 and submit the form is necessary for each veteran veteran's administrative record.	he form to the Chief,	Health Informatio	on Managem	ent. A single completed
SECTIO	N 1 (to be completed b	y the VSO requesti	ng access)	
NAME OF REPRESENATIVE		ORGANIZATION		
NAME OF VETERAN				
SIGNATURE			1	DATE
SECTION 2 (to be com	pleted by the Chief, H	ealth Information Ma	anagement, o	or designee)
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.				
The requestor holds valid	POA for the veteran l	isted in Section 1.		
SIGNATURE AND TITLE				DATE
NOTE: 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				

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