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(877) 805-7880

HelloNote Data Removal Request

I, _____ (Print), hereby authorize HelloNote (E Medical Records Live Inc.) to archive the following information. I acknowledge that this cannot be undone and I have the authority to make this decision.

Data to be removed:

Patient ID: _____

Case name: _____

Case date: _____

Note number and type: _____

Note date: _____

Remove (circle):

Case Above

Note Above

Requestors information:

Date of request: _____

Clinic name: _____

Your name (first, middle initial, last): _____

Your signature: _____

Please Scan and E-mail to: support@hellonote.com

Thank you.