

RALEIGH OPHTHALMOLOGY

Authorization for Release of Information

Patient Information:

Name of Patient _____ Date of Birth _____

Address _____

City, State, Zip _____

Raleigh Ophthalmology is authorized to release protected health information pertaining to the above named patient to the entities below.

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature	Date
Entity to Receive Information. (Initial each that is subject to this authorization)	
_____ Leave information voice mail/answering machine.	_____ Give information to spouse/parents.
_____ Leave information with the following persons	_____ Give information to patient.
_____ Name _____	Relationship _____
_____ Name _____	Relationship _____
_____ Name _____	Relationship _____
_____ Name _____	Relationship _____

Description of information to be released (Initial each that is appropriate)

- _____ All information
- _____ Financial information on billing
- _____ Medical information, including results from any tests or x-rays.
- _____ Other information as described: _____

Rights of the Patient

I understand that I have the right to revoke this authorization at any time by sending a written notification. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to inspect or copy the protected health information to be used or disclosed as described in this document. I can do this by written notification to:

I understand that my treatment will not be conditioned on signing this authorization.

I understand that I have the right to refuse to sign this authorization.

_____ Date _____

Signature of Patient or Personal Representative

_____ Print or Type Name of Patient or Personal Representative

_____ Description of Personal Representative's Authority (attach necessary documentation)

Reason for Non Signature on back ⇨