EYECARE CENTERS
Of Aitkin & McGregor
OPTOMETRISTS, P.A.
For Your Eyesight and Your Quality of Life.

EYECARE CENTER OF AITKIN
312 MINNESOTA AVE N. STE 1
AITKIN, MN 56431
Phone: 1-218-927-3213
Toll Free: 1-800-294-2863
Fax: 1-218-927-2266

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name:_____ Previous Name: _____Date of Birth:_____

I hereby authorize: _____
NAME OF HEALTHCARE PROVIDER PHONE #

To release my records to:

The disclosure is being made for the following purpose(s):
ODiagnosis & Treatment OLegal OInsurance/Billing OOther _____

I understand that if the person or entity receiving this information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.

Information to be released:

O Pertinent records of continuing care	O Consultations	O History & physical
O Clinic notes (last exam)	O Spectacle/Contact Lens RX	O Laboratory reports (OCT, VF, etc.)

Authorization of the Indicated records below requires patient's initials:

O HIV/AIDS	O Chemical dependency	O Psychotherapy/Mental Health	O Other

I release Eyecare Center of Aitkin and McGregor from all legal responsibility and/or liability that may arise from the release of the records I have specified. I understand that this authorization will be in effect for 12 months unless cancelled by me in writing and that my cancellation will take effect when Eyecare Center of Aitkin and McGregor receives my notice in writing. I understand that any release of information made prior to my revocation in compliance with this authorization shall not constitute a breach of my rights to privacy. I further understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.

Patient or Authorized Signature: _____ **Date:** _____

Representative Name (if applicable): _____**Relationship:** _____

This authorization complies with HIPPA Privacy Rule 1996 pursuant to 45 CFR 164.508. A photocopy or fax of this authorization shall have same effect as the original signature.