



Authorization to **Release** Protected Health Information

Print Patient Name: _____ **Date of Birth:** _____

I hereby authorize Regional Eye to disclose information and records obtained in the course of my diagnosis and treatment to:

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Such disclosures shall be limited to the service dates between _____ **and** _____.

Disclosed information will include:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Complete Records | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Doctor's Orders | <input type="checkbox"/> History and Physicals |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> Exam Notes | <input type="checkbox"/> Other: _____ | | |

I understand that this authorization will expire by law, 180 days from the date of this authorization unless I prefer to specify otherwise. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Privacy Officer at 1255 Pineview Drive, Morgantown, WV 26505.

I understand that a revocation is not effective to the extent that the practice has relied on the use or disclosure of the protected health information. The practice will not condition my treatment or payment on whether or not I provide authorization for the requested use or disclosure.

Patient Signature _____ **SS#** _____

Legal Representative Signature: _____ **Relationship to Patient:** _____

Signature of Person Picking Up Records: _____ **Date:** _____

PLEASE CONTACT THE FOLLOWING REGIONAL EYE OFFICE FOR ANY ADDITIONAL INFORMATION:

- ☐ 1255 Pineview Drive, **Morgantown**, WV 26505; PH: 304-598-3301; **FAX: 304-599-7346**
- ☐ 220 Southview Drive, **Bridgeport**, WV 26330; PH: 304-842-4070; **FAX: 304-842-4232**
- ☐ 10 Valley Street, Suite 201, **Petersburg**, WV 26847; PH: 304-257-4555; **FAX: 304-257-2814**
- ☐ 888 Memorial Drive, **Oakland**, MD 21550; PH: 301-334-1146; **FAX: 301-334-9729**
- ☐ 1415 River Avenue, Suite A, **Cumberland**, MD 21502; PH: 301-722-3500; **FAX: 301-876-9230**