

Clarity Eye Care

11811 Fort St Suite 105 | Omaha, NE 68164 | Ph: 402-932-4800 | Fax: 402-933-4530

PATIENT AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED HEALTH INFORMATION

* Please complete all items. An incomplete request may result in delay of release of records. Please print.*

Name of Patient Date of Birth

Street Address City State Zip Phone

Maiden Name or other name used for records

I hereby authorize:

Name of person or place records are requested from Phone # _____

Address of person or place records are requested from Fax # _____

To release to:

Name of person or place records are to be sent to Phone # _____

Address of person or place records are to be sent to Fax # _____

The following information from my records:

- Last Exam; Including most recent tests (VF, OCT, PACH, ETC...)
- Records from time period _____ to _____
- Complete Medical History

What is the purpose of the use/disclosure: Changing providers-**permanent transfer of care** **yes** **no**
 Patient personal use Other _____

This authorization will expire one year from the date listed below or on ___/___/___.

I have read the above and authorize the disclosure of such health information as described. I understand that treatment is not conditioned upon the execution of this authorization.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by those regulations.

I understand that Clarity Eye Care may charge a fee for the costs of copying, mailing, or other supplies and services associated with this request.

I understand that I may revoke this authorization at any time by providing a written notice to the person identified below except to the extent that action has been taken in reliance upon it or except as otherwise stated in Clarity Eye Care's Notice of Privacy Practices by mailing or hand-delivering written notification to the following person:
Attn: Privacy Officer, 11811 Fort St Suite 105, Omaha, NE 68164.

Clarity Eye Care is not responsible for completeness, legibility, or ommittance caused by the copying of any medical records from another institution.

Signature of Patient or Patient Representative

Date

Print name if you are signing as a representative and describe relationship to the patient.