

Lifetime Eyecare

HEALTH INFORMATION RELEASE FORM

In order to assist you in receiving your health information from Lifetime Eyecare, please complete this form.

I authorize the persons listed below to have access to any and all of my health information, including eyeglass prescription, contact lens prescription, diagnosis and treatment, HIV, drug and alcohol abuse and psychiatric records. Lifetime Eyecare is permitted to share any medical information with them, including test results and information disclosed during office visits.

Persons or organization authorized to receive my medical information (full name and phone number):

You may notify me or the parties listed above with normal test results, appointment reminders and other information regarding my health information as follows:

- _____ Message on answering machine (Phone number _____)
- _____ Message on work voicemail (Phone number _____)
- _____ Message on cell phone (Phone number _____)
- _____ Text message on cell phone (Phone number _____)
- _____ Other _____

MY RIGHTS:

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment).

I may revoke this authorization *in writing*. If I did, it would not affect any actions already taken by Mark R Fisher, O.D., F.A.A.O. and/or Lifetime Eyecare Center based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:

- Fill out a revocation form. A form is available from the Clinical Administrator, OR
- Write a letter to the Clinical Administrator

Once health care information is disclosed, the person or organization that received it may re-disclose it. Privacy laws may no longer protect it.

Patient – Print Name

Patient – Signature

Patient – Date of Birth

Date _____

Witness – Print Name

Witness – Signature

Office Staff Only

Lifetime Eyecare complies with all HIPAA and other federal privacy regulations. I acknowledge that I have been made aware of my rights to review or obtain a copy of the policies. _____initials