

LAUDERDALE EYE SPECIALISTS

James Lang, M.D., Dalia Girgis, M.D., Ph.D,
Drew Bawcombe, M.D., Phillip Tenzel, M.D., Jade G. Guevara, M.D.
4800 N.E. 20TH TERRACE, SUITE 305
FORT LAUDERDALE, FL 33308
PHONE: 954-491-1111 FAX: 954-491-7017

AUTHORIZATION TO RECEIVE / RELEASE HEALTH INFORMATION

Patient Name _____ Acct# _____ Date of Birth _____

I Hereby Authorize the Disclosure of my Health Information FROM:

Name of Person/Organization Releasing Information	
Address	City / State / Zip
Phone Number // Fax Number	

To Release my Information TO:

Name of Person/Organization Receiving Information	
Address	City / State / Zip
Phone Number // Fax Number	

INFORMATION TO BE RELEASED:

Complete Medical Record
 Medical Records for Specific Dates of Service (please list) from _____ to _____
 Other (please list) _____

This authorization remains in effect until the information has been forwarded as requested.

RIGHTS OF THE PATIENT:

I understand that I have the right to revoke this authorization at any time by sending a written notification to the address below. I understand that a revocation is not effective in cases where the information has already been used or 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. *Any information received by this office for our own use will continue to be protected by the Federal Privacy Rule (HIPAA).* 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 by written notification. I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

X _____ X _____
Printed Name of Patient or Personal Representative Signature of Patient or Personal Representative DATE

FOR OFFICE USE ONLY:

Past Due Balance: _____ Records Balance: _____ Total Due: _____

Date Sent: _____ By: _____ Via: _____ Paid: _____