

CS LASIK Institute Medical Records Release Form

Authorization to Release Health Care Information

Patient's name: _____ Date of birth: _____

Previous Name (if applicable): _____

Doctor's Name: _____

Practice Name: _____

Practice Phone Number: (____) ____ - _____ Practice Fax Number: (____) ____ - _____

I request and authorize the above listed doctor and practice to release health care information of the patient named above to:

Name: CS LASIK Institute

Address: 9320 Grand Cordera Parkway, Suite #255

City, State: Colorado Springs, CO Zip Code: 80924

Telephone: (719)258-1260 Fax: (719)258-1261

Website: www.2020colorado.com

This request and authorization applies to health care information relating to the following treatment, condition, or dates of treatment:

OR

All health care information

THIS AUTHORIZATION EXPIRES ON _____ OR _____ YEAR(S) AFTER THE DATE IT IS SIGNED.

I may cancel this authorization to the extent allowed by law. If I do, I understand that the doctor of practice may have already released information about me after I gave permission. I know that canceling this authorization would not prohibit any release of information by the doctor or practice in reliance on my original authorization.

I can cancel this agreement by writing a letter to the doctor or practice. It must say that I want to cancel my authorization to disclose my health care information. It must include the name or other specific identification of the person(s) that I no longer want to receive information. I (or my authorized representative) must sign and date the letter.

Once my doctor gives out the information that I want released, I know that my doctor has no control over the information. The individual or organization that I authorize to receive the information might re-disclose it. Federal or state privacy laws may no longer protect the information.

Signature of patient or patient's authorized representative

Date signed

Relationship (or patient status) if signed by parent, legal guardian, personal representative, etc.