

Marciano Family Optometric

A MEMBER OF



DR. MARK MARCIANO, OPTOMETRIST · DR. BRANDEE O. MARCIANO, OPTOMETRIST

General Medical Records Release and Authorization for Use of Disclosure of Protected Health Information

Please complete the following information:

Patients Name: _____
Address: _____
Phone: _____
SSN: _____

I authorize and request the disclosure of all protected information for the purpose for review and evaluation. I expressly request that the designated record custodian of all covered entities under HIPAA identified above disclose full and complete protected medical information including the follow:

- Spectacle Prescription Contact Lens Prescription All Records on File
 Records from last 3 years Other (please be specific) _____

Expiration of the Authorization: (please initial one)

- 90 days after signature date No expirations On this date: _____

PLEASE OBTAIN INFORMATION FROM:

Name of Provider/Clininc/Organization

Street Address

City, State, Zip Code
Phone: _____ Fax: _____

PLEASE SEND INFORMATION TO:

Name of Provider/Clininc/Organization

Street Address

City, State, Zip Code
Phone: _____ Fax: _____

- Pick up Record Mail Records Fax Records

I understand that after the custodian of records discloses my health information, it may no longer be protected by federal laws. I understand the information released in response to this authorization may be re-disclosed to other parties. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law. By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

Patients Signature (Parent or Legal Representative, if applicable)

Date

Witness Signature

Date