

# Children's Eye Care and Family Eye Care

JOANNE WAELTERMANN, M.D.  
Pediatric Ophthalmology  
And Adult Strabismus

SALMA KIANI, O.D.  
Family Practice Optometry  
Contact Lenses

## Children's Eye Care and Family Eye Care (the "Practice") AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (PLEASE PRINT)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient ID #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby authorize the Practice to release my protected health information to: *(Complete address)*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax # (faxes will only be sent when 25 pages or less are copied) \_\_\_\_\_

Describe information to be disclosed: \_\_\_\_\_

\_\_\_\_\_

Describe the purpose of the disclosure: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Please confirm that you agree with the following statements by signing below:

I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing and addressed to the Privacy Officer of the Practice. I understand that the revocation does not apply to information already released in response to this authorization. Unless revoked earlier, this authorization will expire one year from the date it was signed below.

I understand that any disclosure of information may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I need not sign this authorization to assure treatment. I understand that authorizing this disclosure is voluntary.

I understand that I may inspect and/or copy the information to be disclosed and request a copy of this authorization.

**Signature of Patient or Authorized Representative**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Print Name**

**Print Relationship to Patient**

\_\_\_\_\_

\_\_\_\_\_

Fees for Copies: Federal and state laws permit a fee to be charged for the copying of patient records. You may be required to pre-pay for the copies; if not, then copies will be mailed along with an invoice.