Eye Centers of Florida

SURGICARE CENTER

RECORDS RELEASE AUTHORIZATION

Date Requested: _____

Please fill out completely and allow 7-10 business days to process.

To Be Released From: Eye Centers of Florida 4101 Evans Ave. Ft. Myers, FL 33901

Phone # (239) 939-3456 Fax # (239) 335-1964

By checking below, I specifically authorize use and/or disclosure of the following Health Information.

- ☐ Entire Medical Record
- ☐ Office Notes & Reports
- ☐ Diagnostic Reports
- ☐ Operative Report
- ☐ Laboratory Reports
- ☐ Others Listed Here _____

To Be Sent To: (Please Print)

Persons/Organization to receive medical records via: Please check: ☐ Fax ☐ Mail ☐ Pick Up

Name: _____ Phone # ( ) _____ Fax # ( ) _____

Address: _____

City/State/Zip Code: _____

I hereby authorize you to release the protected health information (Medical Record) pertaining to my illness/treatment at your facility, including any and all records concerning HIV or alcohol/substance abuse during the dates from (year)_____to (year) _____.

This authorization is valid for one year from date signed.

Patient Information: Patient Name: _____ Date of Birth: _____
Address: _____City/State/Zip: _____

Medical Record #: _____ Comments:_____

Contact Number _____**Patients Signature:** _____

Authority of Legal Representative (If not self, select one below)

☐ Court Appointed Guardian ☐ Power of Attorney ☐ Parent of Minor
☐ Other (specify) _____

CONFIDENTIAL HEALTH INFORMATION ATTACHED

Protected Health Information is personal and sensitive information related to an individual's health care. It is being transmitted to you by facsimile or email after appropriate authorization from the patient or under circumstances that do not require patient authorization. You as the recipient are obligated to maintain this information in a safe, secure and confidential manner. Re-disclosure of this information without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. If you have received this message in error, please notify the sender to arrange for return or destruction of these documents.