



The Eye Associates

Gregory J. Kent, M.D.
Sandra J. Hufsmith, M.D.
Drew C. Dayton, O. D.
Justin Denison, O.D.

MEDICAL RELEASE AUTHORIZATION FORM

The Health Insurance Portability and Accountability act of 1996 (HIPAA) took effect on April 14, 2003.
In order to comply with this regulation, we need authorization to release any health care information.

Name: _____

Date of Birth: ____/____/____

Release of Information

I authorize the following persons to have access to my healthcare information:

Spouse: _____

Child(ren): _____

Other: _____

Information is not to be released to anyone other than myself.

This **Release of Information** will remain in effect until terminated by me in writing.

Signature of Patient or Responsible Party

Print Name

Date