The Eye Associates

Gregory Kent, M.D.
Drew Dayton, O. D.
Dorian Rammell, 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 release 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*