



AUTHORIZATION FOR RECORDS RELEASE

PATIENT NAME: _____ DOB: _____

1. I authorize the use or disclosure of the above named individual's health information:

TO/FROM: Vic Khemsara, MD & Keith Biggs, OD 3073 Trenwest Dr., Winston-Salem, NC 27103

TO/FROM: _____

2. The type of information to be used or disclosed is as follows:

- | | |
|--|---|
| <input type="checkbox"/> History & Physical Report | <input type="checkbox"/> Contact Lens Sheet |
| <input type="checkbox"/> Progress Note | <input type="checkbox"/> Laboratory Result |
| <input type="checkbox"/> Operative/Procedure Report | <input type="checkbox"/> Consultation Note |
| <input type="checkbox"/> Visual Field/HRT II Testing | |
| <input type="checkbox"/> Other: _____ | |

3. I understand that the information in my health record may include information relating to sexually transmitted disease, HIV/AIDS, behavioral or mental health services or alcohol and drug abuse.

4. This information for which I am authorizing disclosure will be used for:
 My personal use Sharing with other health care providers

5. I understand that I have a right to revoke this authorization at any time. To revoke this authorization, I must do so in writing to your office. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to any insurance company when the law provides my insurer with the right to contest a claim under my policy.

6. This authorization will remain in effect unless otherwise stated below:
I wish the above authorization to expire on: _____

7. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by the federal privacy laws or regulations.

8. I understand that the use or disclosure of the information identified above is voluntary. I need not sign this form to insure access to medical treatment.

SIGNATURE OF PATIENT: _____

DATE: _____

SIGNATURE OF WITNESS: _____