COMPLETE
FAMILY EYECARE

PLEASE MAIL MEDICAL RECORDS TO:

COMPLETE FAMILY EYECARE
P.O. BOX 550
CARTERVILLE, IL 62918

RELEASE OF INFORMATION AUTHORIZATION

Please print all information, then sign and date form at bottom.

Type of Authorization:

☐ Release of Protected Health Information **FROM** designated person/entity **TO Complete Family Eyecare.**
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☐ Release of Protected Health Information **TO** designated person/entity **FROM Complete Family Eyecare.**

The information to be released is:

___ History **___Immunizations** **___Eyeglass/Contact Prescriptions (including expired prescriptions)**

___Diagnosis **___Lab/Pathology**

___Treatment **___Radiology/Ultrasound** **___AIDS/HIV/STD**

___Medications/Allergies **___Psychological/Psychiatric Assessments**

Patient Name:_____
(Maiden Name, if applicable)

S.S. No:_____ **Date of Birth**_____

Records release is to be sent to the following person/entity:

Name:_____

Address:_____

City/State/Zip_____

Phone:_____ **Fax:**_____

I understand I may refuse to sign this release, but in doing so, my provider will not have access to my records. This authorization will expire upon completion of this transaction. I have the right to terminate this authorization at any time. I understand this request will be honored except to the extent of any action already taken on this authorization prior to revocation.

Complete Family Eyecare does not have control over the person(s) listed to receive my protected health information. Therefore, my protected health information disclosed under this authorization will no longer be protected by the requirements of the Privacy Rule and will no longer be the responsibility of Complete Family Eyecare facilities.

Patient Signature:_____ **Date:**_____

Witness Signature:_____ **Date:**_____

Records may be FAXED to the following locations:

Complete Family Eyecare (Herrin)
Ph: (618) 942-5465
Fax: (618) 942-7042

Complete Family Eyecare of Carbondale
Ph: (618) 529-3452
Fax: (618) 457-5611

Complete Family Eyecare of West Frankfort
Ph: (618) 937-3126
Fax: (618) 937-3344