EYE ASSOCIATES
NORTHWEST, PC

Authorization to Release Medical Records

Name (print):_____ **Date of birth:** _____

Please select an option:	**Send records to □ or Request records from □**
If information is to be released by us, please complete this form and fax or mail to: **Eye Associates Northwest, PC** 1101 Madison Street Suite 600 Seattle, WA 98104 **Fax:** 206-342-6166	Name:_____ Address:_____ City/State/Zip:_____ Phone:_____ Fax: _____

INFORMATION TO BE RELEASED	**REASON FOR DISCLOSURE**
☐ Most recent 2 years chart notes, labs, special tests, operative reports, and glasses/contact prescriptions ☐ All medical records ☐ Specific information (please specify below):	☐ Attorney ☐ Insurance ☐ Doctor ☐ Personal

PATIENT AUTHORIZATION	**Exclude from the records released** (please initial)
I understand my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.	_____Drug/alcohol abuse/treatment and diagnosis _____HIV/AIDS diagnosis/treatment/testing _____Sexually transmitted disease _____Mental illness or psychiatric diagnosis/treatment

MY RIGHTS

I understand I do not have to sign this authorization in order to obtain health care benefits (treatment, payment or enrollment). I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients posted at the facility where your information is being released. I understand that once the health information I have authorized to be disclosed reaches the noted, recipient, that person or organization may re-disclose it, at which time it may no longer be protected under privacy laws.

Name (print):_____ **Relationship**:_____

Signature:_____ **Date**:_____

This authorization will expire 90 days from the date signed.

Please allow 10 business days to process your request before calling: 206-342-6126

All requests are processed in the order they are received.