



MICHIGAN EYE INSTITUTE

Name: _____
 Birthdate: _____ Cell Phone: _____ Home Phone: _____
 Address: _____ City/State/Zip: _____
 Email: _____

1.) I hereby authorize records FROM:

Name: _____
 Address: _____
 Phone: _____ Fax: _____

2.) To be released TO:

Name: _____
 Address: _____
 Phone: _____ Fax: _____

3.) Purpose of Disclosure: _____

<p>4.) Records Format:</p> <p><input type="checkbox"/> Paper Copies via postal mail</p> <p><input type="checkbox"/> Electronic Access via Email</p> <p><input type="checkbox"/> Fax (If under 20 pages)</p> <p><input type="checkbox"/> Pick Up</p>	<p>5.) Specific Information to be released:</p> <p><input type="checkbox"/> All Records</p> <p><input type="checkbox"/> Date Range: _____</p> <p><input type="checkbox"/> Other: _____</p>
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I understand authorizing the disclosure of my health information is voluntary. I can refuse to sign this authorization. I understand treatment will not be conditioned on my signing this authorization. I understand that any disclosure of my information carries with it the potential for an authorized re-disclosure and the information may no longer be protected by federal confidentiality rules. If I have questions about the disclosure of my health information, I can contact the authorized individual or organization making the disclosure. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the medical records department. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire 6 months from the date signed.

I have read the information provided on this release form and do hereby acknowledge that I fully understand the terms and conditions of this authorization.

6.) Signature of Patient/Guardian/Authorized Representative **Date**

*We reserve the right to charge the fee schedule as set by the State of Michigan Records Access Act.