

Palm Beach Eye Clinic
130 Butler St, West Palm Beach, FL 33407
(561) 832-6113 PHONE
(888) 366-1852 FAX

AUTHORIZATION FOR RELEASE OF YOUR HEALTH INFORMATION

Patient name: _____ **Date of birth:** _____

Phone #: _____ **SS #: XXX-XX-__-__-__**

I authorize the use or disclosure of my health information as described below to: Palm Beach Eye Clinic

From: _____

Address: _____

Phone #: _____ **Fax #:** _____

RELEASE CONTENT: Dates of Service: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Visit Notes | <input type="checkbox"/> Medication Information | <input type="checkbox"/> Past Medical History |
| <input type="checkbox"/> Insurance Information | <input type="checkbox"/> Billing Record | <input type="checkbox"/> All Information |

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REASON FOR DISCLOSURE: My health information is being released or disclosed for the following reasons:

- | | |
|---|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Research and Research Oversight |
| <input type="checkbox"/> Further medical care | <input type="checkbox"/> Changing Physicians |
| <input type="checkbox"/> Legal Investigation or Action | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Insurance Eligibility/Benefits | |

I understand that this authorization is voluntary. If I do not sign this form, my health care by Palm Beach Eye Clinic will not be affected. If I do not sign this form, payment for this care will only be affected if my health care insurer is requesting this information and is permitted to require this authorization.

Signature of patient or patient's representative **Date** **Print Name of Patient**
(Do not sign until the information above is filled in completely.)

If Authorized Representative signs form, please check reason:

- Patient is: Minor Incompetent Disabled Deceased Legal Authority Custodial Parent
 Legal Guardian Executor of Estate Deceased Power of Attorney Authorized Legal Representative