LAKE NORMAN OPHTHALOMOLOGY

Dr. Tushar Patel Dr. Eric Intihar
132 Gateway Blvd., Mooresville, NC 28117
Phone: (704)663-7226 / Fax: (704)662-3875

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name _____ chart # (office use only) _____

Street Address _____ Date of Birth _____

City, State, Zip Code _____ Phone _____

I authorize my health care professional to release the following information from my health record:

_____ Office Visit Notes _____ Glasses / Contact Lense prescriptions

_____ Complete record _____ Specific test / procedure notes

Covering dates of treatment from _____ to _____.

Send my information *TO*:	Release information *FROM*:
Name (facility / physician / person)	**Name (facility / physician / person)**
Mailing Address	Mailing Address
City, State, Zip Code	City, State, Zip Code
Phone Number ( )	Phone Number ( )
Fax Number	Fax Number

I hereby authorize the use / disclosure of my protected health information, and release of such information by LAKE NORMAN OPHTHALMOLOGY, PLLC, its physicians and personnel. I understand that this authorization is voluntary. I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. I understand that if the party authorized to receive the information is not a health plan or provider, the information may no longer be protected by federal privacy regulations. The facility, its physicians, & personnel are released from legal responsibility & liability for the release of the above information for the purpose indicated and authorized herein.

Signature of Patient _____ Date _____

Witness _____ Date _____