CONSENT TO RELEASE OF INFORMATION Eye Surgeons Associates, P.C. (ESA)

ESA Chart #			
Request Rec'd./Sent			
Copies completed			
Records Rec'd./Released			

Patient Name	E	Birth date	Soc. Sec. #
I understand that by signing this form I am a	allowing:(Name and co	mplete address of doctor	or clinic)
Eye 2	formation concerning the Surgeons Associates, P.0 2001 5th Street, Suite 49 Silvis, IL 61282 Records Fax: (309) 792		to:
Check the information to be disclosed (Incl			
All office notes or specify specific dates	s		
Consultation Reports			
Operative Notes			
Diagnostic Reports (Please specify type	e)		
X-Rays and External Photos			
Laboratory results, specify types or dat	es		
Billing Information			
Other (Specify)			
As per my request, reason for release of inform	ation:		
I understand that this authorization is voluntar written notice to Eye Surgeons Associates, P.C, that any release that was made prior to my car rights to confidentiality. Disclosure of this info information is disclosed it may no longer be prinformation or ask questions by contacting the	Medical Records Departmence with a compliance with it the rotected by federal privacy	ent, 2001 5th Street, Suite 4 ith this authorization, shall I potential for unauthorized regulations. I understand t	9, Silvis, IL 61282. I understand not constitute a breach of my redisclosure and once that I may review the disclosed
I understand that ESA may not require comple solely for the purpose of creating a medical rep of those services.			
I understand that the information to be release release (<u>Initial</u> any category <u>not</u> to be released)		n in the following categorie	s unless I specifically deny the
Substance Abuse	Mental Health	HIV-related information	on
This consent is valid for medical records accumindicated.	nulated through the date o	f authorization only, unless	previously revoked or otherwise
Signature of Patient or Legal Guardian	Date	P	hone Number
Complete Mailing Address/Street/P.O. Box		City,	State, Zip Code
Relationship, if Not the Patient		Witness Signature	hanning/forms/consent send to ESA