

## Horizon Eye Care

135 South Sharon Amity, Suite 100  
Charlotte, NC 28211  
704-405-4108  
704-405-4093 (fax)  
(Expires upon one time release)

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The type and amount of information to be used or disclosed is as follows: (include dates)**

Date of service: \_\_\_\_\_

\_\_\_\_\_ Office notes      \_\_\_\_\_ Special testing reports      \_\_\_\_\_ Physician letters

\_\_\_\_\_ Operative notes      \_\_\_\_\_ Lab/ X-ray reports      \_\_\_\_\_ Other

**I authorize the release of my health information from:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please forward/release my health information to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient Information:** This authorization shall be in effect until the information has been forwarded as requested. I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. I understand that information disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization by sending a written notification to the address below and that a revocation is not effective if the information has already been disclosed, but will be effective going forward.

I understand that I have the right to inspect or copy the protected health information as described in this document. I can do this by written notification to Carol Wiley, HIPAA Officer, Horizon Eye Care, 135 South Sharon Amity, Suite 135, Charlotte, NC 28211.

\_\_\_\_\_  
Signature of patient or legal representative

\_\_\_\_\_  
Date

Currently the charge is \$0.75 (1-25 pages) \$0.50 (26-100) \$0.25 (101+) plus actual postage. Prices are subject to change without notice. For further information on pricing, please contact Carol Wiley at 704-405-4099.

Revised August 2013