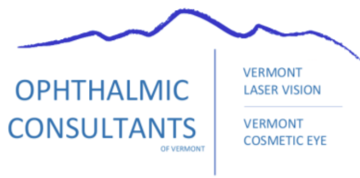

RELEASE OF INFORMATION TO OPHTHALMIC CONSULTANTS OF VERMONT

Authorization for use of Protected Health Information (PHI) to Ophthalmic Consultants of Vermont. We provide this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I authorize NAME OF PROVIDER: ______________________________

ADDRESS: ______________________________

____

To disclose the following protected health information

TO: Dr. ______________________________

at Ophthalmic Consultants of Vermont
55 Timber Lane South Burlington, VT 05403

This authorization permits my physician(s) to disclose the following individually identifiable health information about me:

____

____

This protected health information is being disclosed for the following purposes:

____

If this request is by the patient, purpose may be listed as "at the request of the individual." The purpose(s) are provided so that I can make an informed decision whether to allow release of information.

This authorization will expire on:

____

The above-mentioned Protected Health Information may be subjected to re-disclosure by the party receiving the information and may no longer be protected by privacy rules. By signing this form, you authorize Ophthalmic Consultants of Vermont to use and disclose Protected Health Information about you for the reasons mentioned above. You have the right to revoke this authorization at any time, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior authorization. Submit your revocation to the Privacy office of the Practice.

This Request was signed by: ______________________ ______________________

Printed Name - Patient or Representative Signature - Patient or Representative

Relationship to Patient (if other than patient): ______________________________

Patient Date of Birth: _______/_______/_______ Date: _______/_______/_______

Gregory McCormick, MD • Katherine Lane, MD • David Shiple, MD • Suzanne Corbitt, OD • Brittany Bowman, OD, MS
55 Timber Lane Medical Center • So. Burlington, VT 05403 • Phone: (802) 864.2010 • Fax: (802) 864.1218
www.ocvermont.com • www.vermontlaservision.com • vtcosmeticeyesurgery.com