



Pacific Vision Medical Center

P.O. Box 1190, Crescent City, CA 95531 Phone (707) 465-2020 (not a message line/information only)

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Eye Physicians and Surgeons

Authorization for use and disclosure of information
You must complete every section below or this form may be returned to you for completion

Identity: Patient Name: _____ Social Security Number: _____
Address: _____ Date of Birth: _____
_____ Phone Number: _____

Release of Medical Records or Information From Pacific Vision Medical Center to:				
(Name) _____				
_____		_____		
(Address)				(Fax Number)
_____		_____		
(City)	(State)	(Zip)		(Phone Number)

IMPORTANT - If your record contains information regarding any of the following and you indicate "No" we will NOT be able to forward your records to anyone other than you (<i>patient named above</i>).	
<input type="checkbox"/> No HIV (AIDS virus)	<input type="checkbox"/> No Sexually transmitted diseases
<input type="checkbox"/> No Psychiatric disorders/mental health	<input type="checkbox"/> No Drug and/or alcohol use
The records provided are those that are relevant to your future eye care. Should you want a copy of your entire record, there may be additional charges.	

Date Time Signature of Patient or legally authorized individual signature

Printed name if signed on behalf of the patient Relationship (parent or legal representative)

Confidentiality Notice: The information contained in this report is intended only for the use of the individual to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this report is not the intended recipient you're hereby notified that any dissemination distribution or copy of this report is strictly prohibited. If you've received this report in error, please telephone us immediately or return it to the above address.

HIPAA COMPLIANCE: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment or to perform other specific care operations.