ISSAQUAH EYE CARE

DR. MAI X. NGUYEN & ASSOCIATES
755 NW Gilman Blvd Suite G | Issaquah, WA 98027
OFFICE 425-557-5439 FAX 425-645-0007
issaquaheyecare@gmail.com | IssaquahEyeCare.com

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

MEDICAL RECORD RELEASE

PATIENT NAME: DOB:
ADDRESS:
CITY/STATE/ZIP:
PHONE:

SEND RECORD OUT

I request and authorize Issaquah Eye Care to release information to:

Provider or Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

RECEIVE RECORD

I request and authorize the provider/clinic indicated below to release health information to Issaquah Eye Care:

Provider or Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

**** PLEASE EMAIL ALL RETINAL PHOTOS TO ISSAQUAHEYECARE@GMAIL.COM ****

Unless otherwise revoked in writing, this authorization will expire ONE YEAR from the signature date below or on the following date, event, or condition:

I certify that I am the patient or legal guardian with the authority to authorize disclosure of this individual's protected health information.

_____ _____

Patient or Legal Guardian's Signature Date