

Coastal Eye Clinic, P.A.

HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH CARE INFORMATION

Patient Name

Guardian or Authorized Party Name (if applicable)

XXX-XX-_____

Patient Social Security Number

Patient Date of Birth

I authorize the use and disclosure of my health information as described below:

Information Requested:

_____ Records relating to treatment dates from _____ to _____

_____ Other (Please specify) _____

I understand that I have the right to revoke this authorization in writing, at any time, except (1) where uses or disclosures have already been made based upon original permission or (2) the authorization was obtained as a condition of securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy. I understand that uses and disclosures already made based upon my original permission cannot be taken back. To revoke this authorization, I must do so in writing, and without my express revocation, this consent will automatically expire **1 year from today's date.**

I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and no longer protected by the Federal Privacy Standards.

Information to be released From To _____

From To **Coastal Eye Clinic, P.A.**
802 McCarthy Blvd.
New Bern, NC 28562
252-633-4183 (Phone)
252-637-9580 (Fax)

Send the information electronically. Email address: _____

For **email communication**, I understand that if information is not sent in an encrypted manner, there is a risk it could be accessed inappropriately. I still elect to move forward to allow email communication to occur.

Signature of Patient or Guardian**

Date

A fax copy or photocopy of this consent shall be as valid as the original.

If my medical records include information regarding drug abuse, alcoholism or alcohol abuse, or psychological/psychiatric conditions, **I DO** _____ **DO NOT** _____ authorize the release of this information.

**If this authorization is signed by an individual's personal representative, the representative's authority is based on (e.g. state law, court order, etc): _____