



Harman Eye Center
Harman Eye Center of Amherst
Harman Eye Center of Appomattox
Harman Eye Center of Danville
Harman Eye Center of Lovingston
Harman Eye Center of Lynchburg
Harman Eye Center at Wyndhurst
Surgery Center of Central Virginia

P.O. Box 1290 | Forest, VA 24551
Phone: 800-476-3931 | Fax: 434-616-2313 | | www.Harmaneye.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth _____

Previous Name: _____ Social Security #: _____ - _____ - _____

I request and authorize _____
to release healthcare information of the patient named above to:

Harman Eye Center
P.O. Box 1290
Forest, VA 24551

Fax: 434-616-2313

This request and authorization applies to:

- Healthcare information relating to the following treatment, condition, or dates
- All healthcare information Other

Please list additional information (if needed)

I understand that I have the right to access my medical records in accordance with the law and the policies of Harman Eye Center. I may revoke this consent at any time except to the extent that action has already been taken on it and that it will expire automatically ninety (90) days from the date indicated below. Please note that information disclosed pursuant to this request is no longer under the control of Harman Eye Center and may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Patient Signature: _____ Date signed: [Date]

Witness Signature: _____ Date signed: [Date]

Patient's Legal Representative: _____ Date signed: [Date]