



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 Harman Eye Center to release healthcare information of the patient named above to:

Name: _____

Address: _____

Fax: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates

All healthcare information

Other

As a patient courtesy, we will provide the last exam record at no charge. Additional records will be charged a \$10 administrative fee, \$.50/page for the first 50 pages and \$.25 for all additional pages.

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: _____

Witness Signature: _____ Date: _____

Patient's Legal Representative: _____ Date: _____