

Southwest Florida Eye Care
Authorization for Release of Medical Record Information

Patient's Legal Name: _____ Date of Birth: _____

A. I authorize the following provider to release my protected health information:

Name: _____

Address: _____

Telephone: _____ Fax: _____

B. Information to be released to:

Name: _____

Address: _____

Telephone: _____ Fax: _____

C. Information to be disclosed (please include dates where applicable):

Office Notes _____ Diagnostic Reports _____

Complete Health Record _____ Other _____

D. Reason for disclosure:

Continuation of treatment Insurance Legal Personal Other (please specify) _____

Are you leaving the practice? Yes No

E. I understand and agree that:

- Southwest Florida Eye Care (SWFEC) cannot control how the recipient uses or shares the information, and that laws protecting its confidentiality at SWFEC may or may not protect this information once it has been released to the recipient.
- This authorization is voluntary
- My treatment, payment, health plan enrollment, or eligibility for benefits will not be affected if I do not sign this form.
- I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by SWFEC in reliance on this authorization, by sending a written revocation to Southwest Florida Eye Care, 6850 International Center Blvd, Fort Myers, FL 33912, Attention Privacy Officer.
- I understand that this authorization is valid for up to six months from the date I sign it unless I specify otherwise.
- I understand that if SWFEC maintains any of my records from outside providers, these will not be released unless I specifically ask for them under "other" Section C. Please include entity name, provider, and specific dates if known.
- My questions about this authorization form have been answered.
- I understand that I may be charged for copies of my medical records as allowable under Florida Administrative Code Rule: 64B8-10.003.

Signature of Patient or Legal Representative

Date

Relationship to Patient



6850 International Center Blvd
Fort Myers, FL 33912
(239) 768-0006
Fax (239) 768-0850

2221 Santa Barbara Blvd, #107
Cape Coral, FL 33991
(239) 574-5406
Fax (239) 574-9212

11176 Tamiami Trail N
Naples, FL 34110
(239) 594-0124
Fax (239) 594-1040