Patricia W. Smith, M.D.
Chelsea G. Lefebvre
2406 Blue Ridge Rd. Ste. 280
Raleigh, NC 27607
Phone: (919) 256-2500
Fax: (919) 256-2506

Authorization to Release or Receive Health Information

Patient Information

Name of Patient ______________________ Date of Birth __________ SS# ____________________

Address ______________________ City ________________ State _________ Zip _____________

Name and Address of Covered Entity to **RECEIVE** Information:

Name ______________________ Address ____

Name and Address of Covered Entity to **RELEASE** Information:

Name ______________________ Address ____

The Information Requested

Medical Record, Complete ( ) or, from ______________________ to ______________________

Other ( ) please list: ____

Rights of the Patient

I understand that I have the right to revoke this authorization at any time by sending a written notification to the address below. A revocation is not effective in cases where the information has already been used or disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. *Any information received by this office for our own use will continue to be protected by the Federal Privacy Rule.*

I understand that I have the right to inspect or copy the protected health information to be used or disclosed as described in this document by written notification to the address below.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing this authorization.

Forward requests to:

Triangle Eye Physicians., P.A.
Attn: Privacy Officer
2406 Blue Ridge Road, Suite 280
Raleigh, NC 27607

______________________________ ______________________________ __________
Printed Name of Patient or Personal Representative — Signature of Patient or Personal Representative — Date

____
Description of Personal Representative's Authority (Attach Necessary Documentation)