



Authorization to Release Medical Information to Individual/ Family Members

In accordance with federal government privacy rules implemented through the Healthcare Portability Act of 1996(HIPPA), in order for your healthcare provider or staff at Ahlquist Eye Care Professionals to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

_____ I **do not** authorize Ahlquist Eye Care to release any or all information concerning my medical care to any individual except as set for above.

_____ I **do** authorize Ahlquist Eye Care to verbally release any or all information concerning my medical care to the following individuals.

Name

Relationship

Name

Relationship

Name

Relationship

Patient (PLEASE PRINT)

Date

Patient Signature

Signature of parent or guardian if patient is under the age of 18

Witness Signature

Date