

BOARD OF OPTOMETRY

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

| | | | | | | | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------|--|-----------------------------|--------------|---|--|-------|--|--|------|
| Patient Name: _____ | Date of Birth: _____ | | | | | | | | | | | | | | |
| <p>I, the undersigned hereby authorize:</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; padding-bottom: 10px;">1. _____ _____ _____</td><td style="width: 50%; vertical-align: top; padding-bottom: 10px;">3. _____ _____ _____</td></tr><tr><td style="width: 50%; vertical-align: top; padding-bottom: 10px;">2. _____ _____ _____</td><td style="width: 50%; vertical-align: top; padding-bottom: 10px;">4. _____ _____ _____</td></tr></table> | | 1. _____ _____ _____ | 3. _____ _____ _____ | 2. _____ _____ _____ | 4. _____ _____ _____ | | | | | | | | | | |
| 1. _____ _____ _____ | 3. _____ _____ _____ | | | | | | | | | | | | | | |
| 2. _____ _____ _____ | 4. _____ _____ _____ | | | | | | | | | | | | | | |
| <p>to disclose records made in the course of my diagnosis and treatment, and prognosis with respect to any optometric or medical condition and/or treatment of me or my minor children to give the CALIFORNIA STATE BOARD OF OPTOMETRY or its legal representative any and all such information. This disclosure of records authorized here in is required for official use including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid until the California State Board of Optometry completes its investigation and proceedings arising out of the investigations.</p> <p>A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Board of Optometry, 2450 Del Paso Road, Suite 105, Sacramento, CA 95834. My written revocation will be effective upon receipt by the California Board of Optometry but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.</p> | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 60%;">Signature: _____</td><td style="width: 40%;">_____</td></tr><tr><td style="text-align: center;">Patient</td><td style="text-align: center;">Date</td></tr><tr><td colspan="2" style="padding-top: 20px;">_____</td></tr><tr><td style="text-align: center;">Legal Representative</td><td style="text-align: center;">Relationship</td></tr><tr><td colspan="2" style="text-align: center;">(Sign here only if you are NOT the patient)</td></tr><tr><td colspan="2" style="padding-top: 10px;">_____</td></tr><tr><td></td><td style="text-align: center;">Date</td></tr></table> | | Signature: _____ | _____ | Patient | Date | _____ | | Legal Representative | Relationship | (Sign here only if you are NOT the patient) | | _____ | | | Date |
| Signature: _____ | _____ | | | | | | | | | | | | | | |
| Patient | Date | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | |
| Legal Representative | Relationship | | | | | | | | | | | | | | |
| (Sign here only if you are NOT the patient) | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | |
| | Date | | | | | | | | | | | | | | |
| <p>NOTE: Failure by an optometrist to provide the requested records within 15 days, or a health care facility in 30 days, of receipt of this request and authorization may constitute a violation of Section 3110, of the Business and Professions Code and Health and Safety Code 123110. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.</p> | | | | | | | | | | | | | | | |