Idaho Retina Center PLLC

Authorization for Release / Request of Protected Health Information (PHI)

Patient Name: _____ Date of Birth: _____

Address: _____

Street City State Zip

Phone Number: _____

Please Select One:

☐ I authorize Idaho Retina Center PLLC to **obtain** information from: **OR** ☐ I authorize Idaho Retina Center PLLC to **release** information to:

Name of Provider or Facility	Name of Provider or Facility
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone number/Fax number (include area code)	**Phone number/Fax number (include area code)**

What information can be disclosed? Please complete the following by indicating the items that you want disclosed.

☐	**All health information**	☐	History and Physical	☐	Lab Reports
☐	Diagnostic Tests	☐	Face Sheet	☐	Financial Assignment
☐	Other _____	☐	Office Exams	☐	Referral Information

REASON FOR DISCLOSURE

☐	Transfer of care	☐	Insurance	☐	Billing or Claims
☐	Attorney/Legal	☐	Personal Use	☐	Other: _____
☐	Treatment/continued patient care	☐	School		

Please enter the dates for these records: ☐ All Dates ☐ From: _____ To: _____

Effective Time Period: This authorization is only valid for **one time use,** per the date signed below.

Signature Authorization: I have read this form and agree to the uses and disclosures of the information as described.

_____ _____

Signature of Individual or Legal Authorized Representative **Date:**

Relationship of Legal Authorized Representative to Individual: ☐ Parent ☐ Guardian ☐ Other: _____

In accordance with the state and federal law and regulatory agencies requirements, the health record is the property of Idaho Retina Center PLLC. HIPAA requires a signed authorization from the individual or legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosure related to treatment, payment, health care operations, performing an insurance or health maintenance organization function, or as may be otherwise authorized by law.

Prepayment Charge: There is a prepayment charge of $15 per record