Hoover Vision Center, P.C.
2801 Hwy 150, Suite 149M
Birmingham, AL 35244
(P) 205-985-7640 (F) 205-985-7638
***Contact Person*: Medical Records Clerk**

AUTHORIZATION FOR RELEASE OF IDENTIFYING HEALTH INFORMATION

Patient Name: _____

Date of Request: _____ Patient Phone: _____

Patient Address: _____

_____

Requesting Individual (if other than patient): _____
Relationship to Patient: _____

I hereby authorize Hoover Vision Center, P.C., it's doctors and/or staff, to release/receive health information identifying me and/or the minor for which this form applies (including if applicable, information about HIV infection or AIDS, information about substance abuse treatment and information about mental health status/treatment) to/from:

_____

Address: _____

Phone: _____ Fax: _____

for the purpose of: _____

under the following terms and/or conditions:

- Description of the information to be released (when applicable);
- Purpose(s) for the release (if the authorization is initiated by the Patient; it is permissible to state "at the Patient's request" as the purpose);
- Expiration date or event relating to the individual or purpose for the release.

It is your decision whether or not to sign this Authorization Form. We cannot refuse to treat you based upon your decision to sign this Form. If you sign this authorization, you can revoke it later. If we have already acted in reliance upon the authorization, however, the revocation is not valid. If you want to revoke your authorization, send a written request to the contact person named at the top of this Form. When your health information is disclosed as provided in this authorization, the recipient may not have legal duty to protect its confidentiality. The recipient may re-disclose the information as he/she wishes.

I HAVE READ AND UNDERSTAND THIS FORM. I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN THIS FORM. I FURTHER ATTEST THAT I HAVE THE AUTHORITY TO SIGN THIS FORM IF I AM DOING SO AS A PERSONAL REPRESENTATIVE OF THE PATIENT LISTED ABOVE.

_____ _____
Signature Today's Date