Dominion Eye Associates
Richmond Near West End,
2010 Bremo, Rd #128, Richmond, VA 23226

Colonial Heights
2801 Boulevard, Ste C
Colonial Heights, VA 23834

Phone: 804-285-0680 | DominionEye.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth_____

Previous Name: _____ Social Security #: _____-_____-_____

I request and authorize Dominion Eye Associates to release healthcare information of the patient named above to:

Name: _____
Address: _____
_____

Fax:

This request and authorization applies to:

- (•) Healthcare information relating to the following treatment, condition, or dates
- ( ) All healthcare information
- ( ) Other

As a patient courtesy, we will provide the last exam record at no charge. Additional records will be charged a $10 administrative fee, $.50/page for the first 50 pages and $.25 for all additional pages.

I understand that I have the right to access my medical records in accordance with the law and the policies of Dominion Eye Associates. I may revoke this consent at any time except to the extent that action has already been taken on it and that it will expire automatically ninety (90) days from the date indicated below. Please note that information disclosed pursuant to this request is no longer under the control of Dominion Eye Associates and may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Patient's Legal Representative: _____ Date: _____