EYE CARE OF MAINE

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Fax: 207-873-1106

123 Somerset Plaza
Pittsfield, Maine 04967
207-873-2731
Fax: 207-873-1106

349 Wilton Road
Farmington, Maine 04938
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Fax: 207-873-1106

35 Greenville Road
Monson, Maine 04464
207-873-2731
Fax: 207-873-1106

AUTHORIZATION TO RELEASE MEDICAL INFORMATION
FAMILY/NON-RELATIVE/GUARDIAN

PATIENT NAME:

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in regulations. I also understand that I may revoke this consent at any time. However, any actions taken prior to the date of the revocation shall not be affected by the revocation. Unless specified below, I give my permission to Eye Care of Maine to release to individual persons involved in my care all medical records and information pertinent to my care and necessary to act on my behalf. This release does not include hospitals, physicians or other agencies that are covered on a separate release.

Information may be released to:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Do **NOT** release information pertaining to:

My consent to release my record is effective for 30 months from the date of this form

Signature: Relationship: Date:

(patient or legal representative)