EYE CARE OF MAINE

325A Kennedy Memorial Drive
Waterville, Maine 04901
207-873-2731
Fax: 207-873-1106
Toll Free: 1-800-660-3403

123 Somerset Plaza
Pittsfield, Maine 04967
207-487-2261
Fax: 207-487-3977

349 Wilton Road
Farmington, Maine 04938
207-778-2100
Fax: 207-778-6590
Toll Free: 1-888-899-4229

35 Greenville Road
Monson, Maine 04464
207-487-2261
Fax: 207-487-3977

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 hospital, 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 until:
(date not to exceed 30months from date of consent)

Signature: Relationship: Date:
(patient or legal representative)