



SPECIALTY EYECARE CENTRE  
*The accent is on care*

## Release of Personal Medical Information

We at Specialty EyeCarè Centre value patient confidentiality and strive to protect patient privacy conforming to the standards set forth by HIPAA. We ask that you list below the people you would allow us to give your personal medical information to should they call us. No information regarding your care will be given to anyone not listed below without a signed record release by you.

Patient Name: \_\_\_\_\_  
(Please print)

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date

Are we able to leave a phone message at your phone number on record?

YES \_\_\_\_\_ NO \_\_\_\_\_