



EXCEL EYE CENTER

(801) 374-1818 • www.ExcelEyeCenter.com

Disclosure or Receipt of Protected Health Information Patient Authorization

Patient Name: _____ Date of Birth: _____

I authorize Excel Eye Center to:

Release my medical records

Receive my medical records

TO / FROM the following:

Name/Facility: _____

Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Dates of Service to Send: _____

Reason for Request: _____

By signing this form, I authorize Excel Eye Center to disclose/release my confidential health information by releasing a copy of my medical records to the above listed party(s).

Patient Signature: _____ Date: _____

Patient Representative: _____ Relation to patient: _____

Provo	Orem	American Fork	Lehi	Payson	Spanish Fork	Saratoga Springs
1735 N State St	820 N 980 W	12 N 1100 E	20 N 1200 E #201	1172 E 100 N #4	325 W Center #204	118 E Thrive Dr #210
Provo, UT 84604	Orem, UT 84057	Am. Fork, UT 84003	Lehi, UT 84043	Payson, UT 84651	Sp. Fork, UT 84660	Saratoga Spr, UT 84045
F: 801.374.0163	F: 801.426.9700	F: 801.763.0216	F: 801.766.3289	F: 801.465.0629	F: 801.465.0629	F: 801.374.0163