



(801) 374-1818 • [www.ExcelEyeCenter.com](http://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: \_\_\_\_\_

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