Family Vision Center

Crosby • Porter

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CONSENT FOR RELEASE OF MEDICAL RECORDS AND USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION TO A THIRD PARTY

I, _____ (Name of Patient making Request) with a date of birth,_____, give my permission for _____(Name of Doctor or Hospital) to give my medical records to **Family Vision Center of Crosby** so that they can better understand my condition.

Requesting records from:

Name of Practice:_____
Name of Physician:_____
Phone/Fax number:_____
Address:_____

Types of records we are requesting:

☐ My entire medical record
☐ Test Results only
☐ Date specific Portions of my Medical Record, From Date: _____ To Date: _____

Send a copy of my records to this address/fax:

☐Family Vision Center of Crosby
14700 FM 2100 Ste.3, Crosby ,TX. 77532
P: (281) 328-2020/F: (281) 328-8394

☐Family Vision Center of Porter
23128 FM 1314 Ste.A, Porter ,TX. 77365
P: (281) 354-0900/F: (281) 354-1733

I acknowledge that this Healthcare Facility, in accordance with their Notice of Privacy Practices (NOPP) and Omnibus HIPAA Law will release my specified medical records to the party listed above. I have reviewed this Practices Notice of Privacy Practices (NOPP) and have been given an opportunity to ask questions about it, understand it, and do hereby agree to its terms. A copy of this signed, dated Consent shall be as effective as the original. This form is only good for 90 days from date I sign it. I release, hold harmless and agree to indemnify this Practice, its employees and agents for any and all liability (including but not limited to negligence) arising out of or occurring under this Consent. I specifically authorize this Practice to use and disclose verbally, by mail, fax or unencrypted email, the following types of *super-confidential information* as stated in the NOPP (initial where appropriate):

By Patient: _____ Date: _____
(Print name and sign)
or
By Patient's Representative _____ Date: _____
(Print name, sign, and describe authority)

OFFICE USE ONLY
Describe what alternative communications were denied this _____ day of _____, 20_____
_____
Describe what alternative communications were accepted this _____ day of _____, 20_____
_____