

# TEXAS EYE AND LASER CENTER

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HURST, TX 76054  
(817) 540-6060  
FAX (817) 571-9301

933 HILLTOP DR., STE. 101  
WEATHERFORD, TX 76036  
(817) 540-6060  
FAX (817) 341-6373

3405 LOCKE AVE., STE. 100  
FT. WORTH, TX 76107  
(817) 540-6060  
FAX (817) 571-9301

## Authorization for Texas Eye and Laser Center to Use or Disclose My Health Information

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

### I. My Authorization

Texas Eye and Laser Center, may use or release the following health care information:

- All my health information maintained by Texas Eye and Laser Center.  
 Other \_\_\_\_\_

You may release my protected health information to the following person(s) or entity:

Name \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason(s) for this authorization (check all that apply):

- at my request  
 other \_\_\_\_\_

This authorization shall be in force and effective until the following event and/or date: \_\_\_\_\_

### II. My Rights

I understand I do not have to sign this authorization in order to receive treatment. I may revoke this authorization at any time, in writing, sent to Texas Eye and Laser Center - *Debra Dudney* – (817) 540-6060 at the address provided above. If I do, it will not affect any actions already taken by Texas Eye and Laser Center based upon this authorization; uses and disclosures already made cannot be taken back. I may not be able to revoke this authorization if its purpose was to obtain insurance. Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship & Authority (parent, legal guardian, personal representative, etc.)

**You may submit your form via email by clicking the button to to the right. If the button doesn't work, please email the form to [jwilliams@lasikdr.com](mailto:jwilliams@lasikdr.com)**