

TEXAS EYE AND LASER CENTER

1872 NORWOOD DR., STE. 200
HURST, TX 76054
(817) 540-6060
FAX (817) 571-9301

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.)