Eye Surgical Associates, 2664 Hartford Hwy, Dothan, AL 36305

MEDICAL INFORMATION RELEASE FORM

In accordance with federal government privacy rules implemented through the Healthcare Portability Act of 1996 (HIPPA), in order for your healthcare provider or staff of Eye Surgical Associates to discuss your condition with members of your family or other individuals you designate, we must obtain your authorization. If due to the severity of your medical condition, the law stipulates these rules may be waived.

_____I **do not** authorize ESA, PC to release any or all information concerning my medical care to any individuals except as set forth above.

_____I **do** authorize ESA, PC to verbally release any or all information concerning my medical care to the following individuals:

_____	_____
Name and Phone Number	Relationship to patient
_____	_____
Name and Phone Number	Relationship to patient
_____	_____
Name and Phone Number	Relationship to patient
_____	_____
Name and Phone Number	Relationship to patient
_____	_____
Name and Phone Number	Relationship to patient
_____	_____
Patient /Guardian Signature	**Date**