

Duke University Eye Clinic

2351 Erwin Road • Durham, NC 27705

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Patient's Name: _____

Patient's Street Address: _____

City: _____ State: _____ Zip Code: _____

Patient's Date of Birth: _____ OR Social Security #: _____

I hereby authorize disclosure of protected health information about me as follows:

_____ is authorized to disclosed medical information

(Facility or Doctor)

about me.

The information may be disclosed to: (Note: Records will not be sent to an attorney, insurance company, record copy service, Social Security/Disability office, Pension Office or any state agency unless the authorization is accompanied by a cover letter from that entity/office.)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

The specific information to be disclosed is: _____

Dates requested: From: _____ To: _____

The purpose of the requested disclosure is: _____

I acknowledge that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal Law.

I have the right to revoke this authorization by written notice to _____.
I understand that actions taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

This authorization expires on _____ or upon the following event: _____
(Date)

If no date or event is specified, this authorization will expire in six months from the date of signature.

I understand that the information in my medical record may include information relating to treatment of drug or alcohol abuse, mental health, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC) and/or human immunodeficiency virus (HIV).

(Signature of Patient or Personal Representative*)

(Date of Signature)

***If signed by a personal representative, a description of the representative's authority to act is as follows:**

- Parent Legal Guardian Health Care Power of Attorney
 Administrator Executor of Estate Next of Kin Beneficiary