



# HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH CARE INFORMATION

Patient's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

MR# (Office use only) \_\_\_\_\_

Information to be released from: (COMPLETE NAME & ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information to be released to: (COMPLETE NAME AND ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific information to be disclosed (include dates of treatment):

\_\_\_\_\_

Purpose and need for such disclosure:

\_\_\_\_\_

I understand that I have the right to revoke this authorization, in writing, at any time, except (1) where uses or disclosures have already been made based upon my original permission or (2) the authorization was obtained as a condition of securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy. I understand that uses and disclosures already made based upon my original permission cannot be taken back. To revoke this authorization, I must do so in writing and send it to Lansing Ophthalmology, P.C., 2001 Coolidge Road, East Lansing, MI 48823, Attn: Kelly Davis – Medical Records. This authorization will automatically expire six months from date of signature. **I understand there may be a charge for my records per the Lansing Ophthalmology Policy for Release of Medical Records and I will be responsible for these fees.**

I understand that information used or disclosed with my permission may be redisclosed by the recipient and no longer protected by the federal Privacy Standards.

**I hereby consent to the disclosure of information contained in my medical records including, if applicable: alcohol, drug abuse, and mental health treatment information protected under the regulations in Title 42 of the Code of Federal regulations, Part II: Human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and AIDS related complex (ARC) information made confidential by Public Act 488 of 1988 as amended by Public Act 174 of 1989 of the Michigan Health Code. Hepatitis B, venereal disease, tuberculosis, and other communicable diseases, infections and serious infections made confidential in rules promulgated by the Michigan Department of Public Health pursuant to Public Act 174 of 1989 of the Michigan Health Code.**

**I have read the above and acknowledge that I fully understand the terms and conditions of this authorization.**

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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| <b><u>Lansing Ophthalmology</u></b><br>Main Office<br>2001 Coolidge Road<br>East Lansing, MI 48823<br>Phone: 517-337-1668<br>Fax: 517-337-1779 | <b><u>Charlotte Eye Center</u></b><br>124 S. Cochran<br>Charlotte, MI 48813<br>Phone: 517-543-9899<br>Fax: 517-543-8418 | <b><u>Howell Eye Center</u></b><br>2790 W. Grand River Ave.<br>Suite 200<br>Howell, MI 48843<br>Phone: 517-548-3571<br>Fax: 517-545-2543 | <b><u>Sparrow Professional Bldg.</u></b><br>1200 E. Michigan Ave.<br>Suite 110<br>Lansing, MI 48912<br>Phone: 517-364-5875<br>Fax: 517-364-5877 | <b><u>Grand Ledge Eye Care</u></b><br>11615 Hartel Road<br>Grand Ledge, MI 48837<br>Phone: 517-627-3030<br>Fax: 517-627-8088 | <b><u>Lakewood Eye Care</u></b><br>1170 Jordan Lake St.<br>Lake Odessa, MI 48849<br>Phone: 616-374-3284<br>Fax: 616-374-2020 |
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