



Consent to Obtain/Release Medical Records

Your Right to Medical Information Confidentiality:

HIPAA is an acronym that stands for Health Insurance Portability and Accountability Act that was made into law in 1996. By law, if you are 18 years or older, you have the right to strict confidentiality regarding your visits to Carbon Valley Eye Care (CVEC). In order to release any information including the date or nature of your visit, CVEC has to have your signed consent and specific directions about what information you are consenting to be released. Without written consent, CVEC cannot release or discuss any information relating to your visit with anyone except your parents or guardians.

Records Release for _____
(patient name)

() Please Obtain My Records from:

Name of Physician or health care facility: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Records to Release/Retrieve: () All

() Specified: _____

() Please Release My Records To:

Name of Physician or health care facility: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Records to Release/Retrieve: () All

() Specified: _____

I have read and understand my right to confidentiality. I give permission to CVEC to release the above medical records and/or to obtain the above medical records from/to the individuals noted.

Signature: _____ **CVEC Staff:** _____

Date: _____ **Date:** _____