(CIRCLE ONE)

RECORDS **RELEASE** FORM

OR

RECORDS **REQUEST** FORM

Benefield Eye Care PC
Freedom to See SM

Donald W. Benefield, MD • Hedy G. Walker, OD
14225 Dedeaux Road – Gulfport, Mississippi – 39503
Phone: (228)328-0972 Fax: (228)328-0975

PATIENT INFORMATION:

Patient Name:_____

Date of Birth:_____Phone Number:_____

Address:_____

City:_____State:_____Zip:_____

SENDER:

RECIPIENT:

PURPOSE OF RELEASED OR REQUESTED RECORDS:

☐ Medical Care ☐ Insurance ☐ Legal ☐ Transferring to New Provider ☐ Other:_____

HEALTH INFORMATION TO BE SHARED:

☐ Entire Chart ☐ Other:_____

SENSITIVE HEALTH INFORMATION:

The following information will be released or requested UNLESS you place your initials in the space provided:

_____ HIV/AIDS test results _____ Alcohol/Drug Abuse treatment records _____ OTHER:_____

DURATION AND REVOCATION:

This authorization will remain in effect for one year from the date of the signature below, unless you specify a different date here:_____. You or your personal representative may revoke this authorization at any time by providing notice as specified in the sending provider's Notice of Privacy Practices; however, your revocation will not apply to any previously released information.

SIGNATURE:

_____ _____

Signature of Patient or Personal Representative Date

_____ _____

Printed Name of Patient or Personal Representative Description of Personal Representative's Authority