



# CHRISTENBURY EYE CENTER

## MEDICAL INFORMATION RELEASE Authorization for Use and Disclosure of Information

Jonathan D.  
Christenbury, M.D.,  
F.A.C.S.  
Medical Director

Patrick M. Dennis, M.D.

K. Casey Mathys, M.D.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I understand that I may revoke this authorization at any time by notifying the practice in writing, but if I do it will not have an effect on any actions taken in reliance on my authorization before the practice received the revocation.

I hereby authorize the use or disclosure of my individually identifiable health information as described below, I understand that this authorization is voluntary. I understand that when the information is used or disclosed, it may be subject to being re-disclosed and may no longer be protected by federal privacy regulations.

Description of Information: \_\_\_\_\_

Purpose of Release: \_\_\_\_\_ Patient Request \_\_\_\_\_ Treatment by other Provider \_\_\_\_\_ Insurance Req. \_\_\_\_\_

I authorize that my clinic information be released **FROM / TO** (please circle)

Christenbury Eye Center  
3621 Randolph Road # 100  
Charlotte, N.C 28211  
(704) 332-9365

**FROM / TO** (please circle) the following:

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

Patient or Patient's Representative Signature: \_\_\_\_\_

Printed Patient or Patients Representative: \_\_\_\_\_

Date: \_\_\_\_\_ (Expires 180 days from date of signature)

3621 Randolph Road  
Suite 100  
Charlotte, NC 28211  
704-332-9365  
877-702-2020  
Fax 704-364-7384

**Notice to Patients:** There will be a \$20 charge to process and provide Medial Records. The patient or the patient's representative may inspect and/or copy the health information to be used or disclosed in accordance with the practice's policies. You may refuse to sign this authorization. We will not condition treatment or payment on your providing this authorization except in the specific circumstances allowed by the Privacy Rule.