# RECORDS RELEASE MEDICAL AUTHORIZATION

Patient Name: _________________________________ Date of Birth: ____________________________

Address: ________________________________________________________________________________

City: __________________ State: __________ Zip: __________ Phone: ___________________

**Patient/Guardian's Signature**: ____________________ **Date**: ____________________

**Which records are needed:**

- ❑ Complete Medical Records
- ❑ Visual Field/Testing
- ❑ Records From __________ to __________

**Reason for Transfer/Request:**

- ❑ Continuing of Care
- ❑ Referral
- ❑ Insurance
- ❑ Personal Use

**I, the undersigned, do hereby authorize and direct you to:**

☐ Furnish records **TO** Tozer Lee Eye Center

☐ Release records **FROM** Tozer Lee Eye Center

**I UNDERSTAND THAT TOZER LEE EYE CENTER DOES NOT RELEASE COPIES OF RECORDS RECEIVED FROM OTHER HEALTH CARE PROVIDERS.**

**PLEASE CONTACT THOSE PROVIDERS FOR ANY OTHER RECORDS.**

**PROVIDER INFORMATION:**

Name: ______________________________________________________________________

Address: ____________________________________________________________________

City: ______________________ State: ________ Zip: ________________

Phone: _______________________________ Fax: _________________________________

Check how records are to be received: Mail ☐ Pick-Up ☐ Fax ☐


**Tozer Lee Eye Center**
**9811 N. 95th ST. Ste. 101**
**Scottsdale, AZ 85258**
**Phone: 480-947-4493 Fax: 480-947-4751**


*I understand that my request will be processed within the time frames set forth by state law or within 30 days, whichever is less.*
*I understand that by signing this authorization my treatment, payment and enrollment in a health plan or eligibility for benefits will not be conditioned upon authorization of this disclosure.*
*I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.*

**A Copy of this authorization is as valid as an original and will expire 1 year from the date**