

**RELEASE OF INFORMATION**

An extensive report will be prepared at the completion of testing and presented to you during the conference. Co-managing with other professionals you are working with is an important way to provide a "total person" integrative approach to treatment.

Under the current HIPAA laws, patients have the right to restrict the uses and disclosure of medical information. By signing this Release of Information Form, you are giving permission to release information to the sources listed below.

I hereby authorize the use or disclosure of \_\_\_\_\_'s  
 (Patient's Name) \_\_\_\_\_(Date of Birth) protected health information and release  
 of records with **Bellaire Family Eye Care** and the **Vision Learning Center** to  
 discuss diagnosis, treatment and progress notes between the professionals listed below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
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 Email: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_