

ALASKA RETINAL CONSULTANTS
5600 B Street
ANCHORAGE, ALASKA 99518
907-561-1530 FAX: 907-561-2611
Scott A Limstrom, MD Matthew G Guess, MD Chad Bouchard, DO

Authorization for Release of Information

Name: _____ DOB: _____

Alternate Names: _____ Record #: _____

Organization Releasing Information: Alaska Retinal Consultants

Organization(s) Receiving Information: Patient named above (Self),

Description of Information to be Released: _____

I hereby authorize the use or disclosure of my healthcare and/or other information as described above. I understand that this authorization is voluntary. I understand that my records may contain sensitive information. I understand that I may revoke this authorization by signing the revocation form or by notifying Alaska Retinal Consultants (ARC) in writing. I understand that a revocation of this release will not have any effect on actions taken on this authorization before my revocation was received. I understand that ARC may condition my treatment, payment, enrollment in a health plan (if applicable) or eligibility for benefits on whether I provide this authorization. I understand that if the person(s) or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization.

_____/_____/_____
(Signature of Client or Personal Representative)

_____/_____/_____
(Date)

(Printed Name of Personal Representative or Witness)

(Description of Personal Representative's Authority)

RECIPIENT INFORMATION: If the information released pertains to alcohol or drug abuse, the confidentiality of the information is protected by federal law (CFR 42 Part 2) prohibiting any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by CFR 42 Part 2. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol/drug abuse patient.