



NORTHWEST EYE SURGEONS

Authorization to Release or Obtain Health Care Information

There may be a \$25 charge for copies of your medical record unless your copies are being sent to another physician or healthcare facility. Records will be provided within 15 days (RCW70.02.080).

Patient Name: _____ Date of Birth: _____
(Please Print) LAST FIRST MI

Are medical records under another name? _____ Phone number: _____

INFORMATION TO BE RELEASED BY:	INFORMATION TO BE RELEASED TO:
☐ Northwest Eye Surgeons	☐ Northwest Eye Surgeons
☐ _____	☐ _____
Organization/Person Name	Organization/Person Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Phone Fax	Phone Fax

TYPE OF MEDICAL RECORDS REQUESTED:

- ☐ Most recent date of service (no charge).
☐ Complete medical record abstract (includes 3 years of chart notes, most recent labs/pathology & diagnostic imaging reports).
☐ My health information only for the following date(s): _____
☐ Diagnostic imaging/photos
☐ Other: _____

SENSITIVE INFORMATION: This authorization includes the release of the following sensitive information unless specifically excluded. Please check if you do not want this released: ☐ Mental health ☐ HIV/AIDS
☐ Sexually transmitted diseases ☐ Drug and alcohol treatment

REASON FOR REQUEST: ☐ Personal (There may be a \$25 charge for copies of your medical record unless your copies are being sent to another physician or healthcare facility.) ☐ Transfer of Care ☐ Disability ☐ Insurance
☐ Legal Review ☐ Other (please explain): _____

My Rights

- I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment).
- I may revoke this authorization in writing. If I did, it would not affect any actions already taken by Northwest Eye Surgeons or another organization based upon this authorization.
- Authorization expires in 365 days.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient

Relationship: parent, legal guardian, or personal representative

☐ 903 Medical Center Dr	Arlington, WA 98223	360-435-8595	FAX: 360-435-5233
☐ 16404 Smokey Point Blvd Ste 303	Arlington, WA 98223	360-658-6224	888-655-6224 FAX: 360-658-6227
☐ 4211 Alderwood Mall Blvd Ste 205	Lynnwood, WA 98036	425-673-3990	FAX: 425-673-3993
☐ 1306 Roosevelt Ave	Mount Vernon, WA 98273	360-428-2020	800-323-8498 FAX: 360-428-6918
☐ 332 NE Northgate Way	Seattle, WA 98125	206-528-6000	800-826-4631 FAX: 206-528-0014
☐ 795 N 5 th Ave	Sequim, WA 98382	360-683-2010	800-246-9592 FAX: 360-683-2320
☐ 1412 SW 43 rd St Ste 310	Renton, WA 98057	425-235-1200	888-404-6004 FAX: 425-917-9465