Ophthalmology Ltd. and Ophthalmology Ltd. Eye Surgery Center, LLC
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AUTHORIZATION

FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below.

1. Organization(s) or person(s) allowed to release the information indicated by this form:

   ____

   ____

2. Organization(s) or person(s) to receive health information as indicated by this form:

   ____

   ____

3. Specific description of the health information that may be used or disclosed:

   ____

   ____

4. The information will be used or disclosed for the following purpose(s):
   ________ At the request or direction of the undersigned individual.
   ________ For marketing: The disclosing organization ___will ___will not receive compensation, monetary or otherwise, as a result of this use or disclosure.
   ________ Other: ____

5. I understand that if the person or entity that receives the above information is not a health care provider or health plan covered by federal privacy regulations, the information may no longer be protected by the federal privacy regulations.

6. I understand that this authorization is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits.

7. I understand that I may revoke this authorization at any time by written notification. However, the revocation is not valid if:
   - Action was previously taken in reliance on this authorization; or
   - This authorization is obtained as a condition for obtaining insurance coverage; other law provides insurer with the right to contest a claim under the policy or the policy itself.

8. This authorization expires: ________One Year: ________Other: ____/____/_____

______________________________	______________________________
Patient Name (Print)	Date of Birth
Name of Personal Representative (Print)	Relationship to Patient
Signature of Patient or Personal Representative	Date