VIRGINIA EYE CENTER, P.C.

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Authorization to Release Medical Records

PATIENT NAME:	DATE OF BIRTH:
This authorizes	to provide a copy, summary or
narrative of my medical records as indicated by checkmark(s)	
☐ Complete Record	
☐ Records of Care from the following dates:	to
☐ Records concerning the following conditions:	
☐ Other, please specify:	
☐ Confer with person(s) listed below orally about my me	edical information
The reason or purpose for this release of information is as foll	ows:
☐ Referral to another physician ☐ For my own perso	nal records For legal reasons
☐ For my primary care physician ☐ For transfer of car	e
Release medical records to the following person(s):	
NAME:	
ADDRESS AND/OR FAX:	
ABBILESS AND JOINTAIN.	
 that Virginia state law requires this information to be that a fee for preparing and furnishing this informatio Virginia Statutory Code. Virginia Eye Center charges a pages, \$.25 for each page after 50, and postage, if approviding copies of my medical information. I understand that I may revoke this authorization in w uses or disclosures of my confidential information tha information disclosed pursuant to this authorization in protected by federal or state law. 	rizing the release of my medical information. I understand provided within 15 days from the receipt of request and n may be charged according to the rulings set forth by the \$10.00 administrative fee, \$.50 per page for the first 50 plicable. I agree to be responsible for and pay the fee for riting at any time. Revoking this authorization will not affect to occurred prior to revoking. I understand that confidential may be subject to redisclosure by the recipient and no longe
HIV/AIDS status.	formation regarding sexually transmitted disease and/or
Patient Signature or Representative of Patient:	
Relationship to Patient (Self, Guardian, Power of Attorney):	Date
Expiration: This authorization will expire 6 months from the date	ate of signature or as otherwise indicated.

Please note that according to Virginia State law, we are only required to maintain patient medical records for six years from the last patient encounter with a few exceptions as indicated on our website.