



Black Hills Regional Eye Institute, LLP
Black Hills Regional Eye Institute Real Estate Leasing Co., LLC
Black Hills Regional Eye Surgery Center, LLC
Black Hills Regional Eye Institute Refractive Surgery Center, LLC
The Eye Specialists Equipment Group, LLC
2800 Third Street Rapid City, SD 57701-7394 . 605-341-2000

AUTHORIZATION FOR RELEASE (DISCLOSURE) OF PROTECTED HEALTH INFORMATION

Black Hills Regional Eye Institute Fax Number 605-341-0278

Patient Name: Phone: DOB:

Previous Name (if any): Social Security Number:

Address: City: State: Zip:

THIS WILL AUTHORIZE RELEASE OF MEDICAL INFORMATION FROM:

Physician: Phone Fax

Address: City: State: Zip:

SEND INFORMATION TO:

Name: Phone Fax

Address: City: State: Zip:

Information to be Used or Disclosed. The information covered by this authorization includes:

Last exam Operative notes Testing and Interpretation

Other: Date Range

Purpose of Disclosure. Information listed above will be disclosed for the following purposes (circle):

- Changing physicians Legal School
Consultation/second opinion Insurance Surgery
Continuing care Workers Compensation Other:

I understand that this authorization will expire 1 year from the date on this document OR on

I also understand that this release can be revoked or terminated by the patient or the patient's representative earlier than dated by notifying the Black Hills Regional Eye Institute in writing. This release will then be made effective per the date requested.

Rights of the Individual. You may inspect or copy information used or disclosed under this authorization. You may refuse to sign this authorization.

Refusing Authorization. If you refuse to sign this authorization, the Black Hills Regional Eye Institute will not deny you any treatment except research-related treatment or treatment that you have requested for the purpose of disclosure to others.

Signature of Patient

Date

Print Name of Patient Representative

Relationship to Patient (parent, guardian, etc.)

Signature of Patient Representative

Date