Gupta Eye Center LLC
310 S County Farm Rd.
Suite B
Wheaton, IL 60187

Authorization for Release of Information

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Gupta Eye Center LLC is authorized to release protected health information regarding the above named patient to the entities named below.

Entity to Receive Information. *Select the approved method for receiving information.*	**Description of information to be released.** *Check each information that can be given to person/entity on the left in the same section.*
☐Voicemail (home or cell)	☐Appointments ☐Medical (treatments, results, etc) ☐Financial/billing
☐Personal email:	☐Appointments ☐Medical (treatments, results, etc) ☐Financial/billing
☐Employer ☐School Name:	☐Appointments ☐Medical (treatments, results, etc) ☐Financial/billing
☐Spouse Name:	☐Appointments ☐Medical (treatments, results, etc) ☐Financial/billing
☐Parent Name:	☐Appointments ☐Medical (treatments, results, etc) ☐Financial/billing
☐Other:	☐Appointments ☐Medical (treatments, results, etc) ☐Financial/billing

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Patient Rights

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to Gupta Eye Center LLC. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to further disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

_____ _____

Signature of Patient/Guardian/Personal Representative Date

_____

Patient/Guardian/Personal Representative Name (Print)

_____

_____

Description of Personal Representative Authority (attach necessary documentation)