



OPHTHALMIC SURGICAL ASSOCIATES, INC.

610-874-5261 | eyesbyosa.com

### Authorization to Release Medical Information

Please fax completed form to (610) 874-0318

#### Patient Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

#### Request Medical Information FROM:

Ophthalmic Surgical Associates, Inc. | Crozer-Chester Medical Center, 30 Medical Center Blvd., Suite 104, Upland, PA 19013

#### Send Medical Information TO:

Ophthalmic Surgical Associates, Inc. | Crozer-Chester Medical Center, 30 Medical Center Blvd., Suite 104, Upland, PA 19013

#### Please release the following medical information:

- Out-patient and in-patient records
- Presence in treatment/attendance
- Assessment, history, diagnosis, recommendations
- Psychiatric/Psychological/Psychosocial history and evaluation
- Other, specify \_\_\_\_\_
- Medical and psychiatric records
- Progress in treatment/progress notes
- Discharge summary and plans
- HIV/AIDS records

#### Reason for Release:

- Consult (1-2 years)
- Patient Move/Change of Physician (full chart)
- Other, please specify \_\_\_\_\_

**This consent is subject to written revocation at any time except to the extent that action has been taken in reliance thereon. If not previously revoked, this consent will terminate in twelve (12) months from date of client signature below.**

*I have carefully read and understand the above statements. I voluntarily consent to disclosure of the above information about, or records of my condition to the person(s) or agency(s) named above. I understand that my records are protected under Federal Law 42 U.S.C. 290 dd-2, Federal Regulation 42CFR Part 2, PA State Law 71P.S. 1690.108 (Act 63) and PA State Regulation 28 PA, Code Subsection 709.28 and 4 PA, Code Subsection 255.5 governing the Confidentiality of Alcohol and Drug Abuse Patient Records, and my records are protected by the Confidentiality of HIV Related Information Act 148.*

\_\_\_\_\_  
Signature of Patient or Legal Representative Date

\_\_\_\_\_  
Signature of Witness Date