

**Viewmont Eye Associates**  
**Authorization for Release of Information-Compound Release**

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

Viewmont Eye Associates is authorized to release protected health information about the above named patient in the following manner and to persons indicated.

I wish to be contacted in the following manner (check all that apply):

**All appointments, order notifications (glasses, contacts, Rx's) will be confirmed/notified by telephone call, Email, secure messaging (patient portal) or text.**

- Primary Phone or Cell Phone
- Work Telephone
- Written Communication
- E mail
- Secure Messaging (patient portal)
- Other \_\_\_\_\_

**I allow you to give my clinical and financial information to or answer questions from (check all that apply and list names):**

- Spouse: \_\_\_\_\_
- Parent: \_\_\_\_\_
- Child: \_\_\_\_\_
- Other (Specify Name): \_\_\_\_\_

- None
- For **E Mail and/or text communication**, I understand that information is not sent in an encrypted manner and there is a risk it could be accessed inappropriately. I still elect to receive email and/or text communication as selected.

**Patient Rights:**

- I have the right to revoke this authorization at any time.
- I may inspect or obtain a copy of the protected health information to be disclosed as described in this document. (A charge may apply)
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to disclosure by the recipient and may no longer be protected by federal or state law.
- I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

**This authorization will remain in effect until revoked by the patient.**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
\*Description of Personal Representative's Authority (attach necessary documentation).