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**AUTHORIZATION FOR USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Information Requested: Most recent records from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize Pennsylvania Retina Specialists to (check one)

Obtain from the following     Release to the following

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX# \_\_\_\_\_

<p>I specifically authorize the release of information relating to:</p> <p><input type="checkbox"/> Substance abuse (including alcohol/drug abuse)</p> <p><input type="checkbox"/> Mental Health (including psychotherapy notes)</p> <p><input type="checkbox"/> HIV &amp; STD related information (AIDS related testing)</p>
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**Duration:** This authorization shall become effective immediately and shall remain in effect until \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) or for one year.

**Revocation:** My written revocation will be effective upon receipt, but will not be effective to the extent the requestor or others have acted in reliance upon this authorization.

**Re-disclosure:** I understand the requestor may not lawfully further use or disclose the health information unless another authorization is obtained or unless such use or disclosure is specifically required or permitted by law.

This information is requested for the following purpose (check all that apply):

Medical     Legal     Personal     Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Patient if Legal Representative

**Fax# (717)761-5604**

<b>CAMP HILL</b> 220 Grandview Ave. Suite 200 Camp Hill, PA 17011 717.761.8688	<b>HERSHEY</b> 1249 Cocoa Ave. Suite 104 Hershey, PA 17033 717.533.3937	<b>STATE COLLEGE</b> 2525 Green Tech Dr. Suite A State College, PA 16803 814.238.8232	<b>YORK</b> 1600 Sixth Ave. Suite 112 York, PA 17403 717.846.1718	<b>LANCASTER</b> 2170 Noll Dr. Suite 400 Lancaster, PA 17603 717.205.4020
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