Records Request

To: _____

Fax: _____

Phone: _____

I hereby request that my medical records be release to:

ROYO EYE CARE

Eye Physician

Comprehensive Optometrist

Adam T. Shupe, O.D.

320 H Street

Marysville, CA 95901

(530) 743-1873

(530) 743-1460 FAX

Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Date: _____

ROYO
Eye Care

CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient Name:_____ Date of Birth:_____

Address:_____

Phone Number:_____ Treatment dates from :_____ to_____

I authorize (current physician): _____

at Royo Eye Care, 320 H Street #4, Marysville, CA 95901

To release copies of my medical records to: (enter new physician's information or self)

Name:_____

Address:_____

- ☐ I am requesting copies of my medical records because I am leaving the practice.
- ☐ I am requesting copies of my medical records for the following reason:_____

_____

I understand that this information shall be in effect for 180 days following the date of signature. I understand that this authorization may be revoked at any time by giving written notice to the medical office. A photocopy of the authorization shall constitute a valid authorization. I understand that once my medical records have been released, the medical office cannot retrieve them and has no control over the use of the already released copies.

I hereby release Royo Eye Care from any and all liability which may arise as a result of my authorized release of records. I understand that I may request a copy of this authorization. I understand that treatment, payment, health plan enrollment, and eligibility for benefits will not be conditioned upon this provision of authorization.

Should my case require review by a governing agency or another medical professional actively involved in my care to make a final determination, it is with my consent that a copy of these records will be submitted to the agency or medical professional for this review.

A Health Care Provider may charge "reasonable clerical costs" incurred in locating and making the records available for inspection (CA Health & Safety Code 123110(a) 2008. Royo Eye Care's charge for these services is $25.00

Patient (or legal representative):_____Date:_____

Relationship to Patient:_____

NOTICE: The information has been disclosed to you from records whose confidentiality has been protected by federal and state law. You are prohibited from making further disclosures of such information without specific consent of the person to whom such information pertains or as otherwise permitted by state law. A general authorization is not sufficient for this purpose.