NEW PATH VISION

PERSONALIZED EYE CARE | POTTSTOWN, PENNSYLVANIA

1100 Heritage Drive, Pottstown, PA 19464

610-326-2754 | pottstown@newpathvision.com

Authorization to Release or Obtain Health Information

Use when you want New Path Vision to obtain records from, or send records to, another person or organization.

PATIENT INFORMATION

Patient name

Date of birth

WHO MAY DISCLOSE THE RECORDS?

Person / practice / organization

Phone

Address / fax / secure destination information

WHO MAY RECEIVE THE RECORDS?

Person / practice / organization

Phone

Address / fax / secure destination information

Tip

If New Path Vision is the sender or receiver, you may write 'New Path Vision, 1100 Heritage Drive, Pottstown, PA 19464' in the appropriate section.

INFORMATION AUTHORIZED

- ☐ Complete eye-care record
- ☐ Exam notes
- ☐ Diagnostic images / test results
- ☐ Prescriptions
- ☐ Medication list
- ☐ Billing / insurance records
- ☐ Operative / co-management records
- ☐ Other

Date range (optional)

Other / limits

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Authorization to Release or Obtain Health Information

Authorization terms and signature

PURPOSE

- ☐ Continuity / coordination of care
- ☐ At my request
- ☐ Insurance / benefit matter
- ☐ Legal / administrative matter
- ☐ Other

Other purpose

EXPIRATION

This authorization will expire on the date or event written below. If no expiration is entered, the practice should not rely on the authorization until an appropriate expiration is clarified.

Expiration date or event

YOUR RIGHTS AND IMPORTANT INFORMATION

- You may revoke this authorization in writing at any time, except to the extent action has already been taken in reliance on it.
- Treatment, payment, enrollment or eligibility for benefits generally may not be conditioned on signing an authorization, except in limited circumstances allowed by law.
- Information disclosed under this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA, depending on the recipient and applicable law.
- Some records are subject to additional federal or state protections. This form does not override requirements that call for more specific authorization.

How to revoke: send written notice to New Path Vision at the address above or to the privacy contact in the current Notice of Privacy Practices.

Notice available at: newpathvision.com/notice-of-privacy-practices

Patient / Authorized Representative Signature

Date

Printed name

Authority if signing for patient