

West Shore Eye Care
409 W. Ludington Avenue Ste. 102
Ludington, MI 49431
Phone: 231-843-4117
Fax: 231-843-7631

Records Release Authorization

I, _____ /_____/_____
(Patient Name) (Patient Date of Birth)

hereby authorize the release of all of my health information including, but not limited to, AIDS/HIV and other Communicable Disease Information, Behavioral Health Care/Psychiatric Care, Alcohol and/or Drug Abuse Treatment, if any.

This request is to view the records over the last five years.

Released by/to: _____
(Office name)

(City) (State)

(Patient/Parent/Guardian signature) /_____/_____
(Date)

(Printed Parent/Guardian name) (Relationship to patient)