Coastal Cape Fear Eye Associates, PA
OPHTHALMOLOGY / DISEASES AND SURGERY OF THE EYE

1915 Tradd Court
Wilmington, NC 28401
Telephone: (910) 762-0057
Fax (910) 762-0336

8821 East Oak Island Drive Suite 3
Wilmington, NC 28403
Telephone: (910) 278-6400
Fax: (910) 278-4883

Website: http://www.ccfea.com Patient portal: https://portal.ccfea.com

Medical Information Release Form

(HIPAA Release Form)

Name: _____ Date of Birth: _____/____/

Release of Information

[ ] I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

[ ] Spouse

[ ] Child(ren)

[ ] Other

[ ] Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Messages

Please call [ ] my home [ ] my work [ ] my cell Number:

If unable to reach me:

[ ] you may leave a detailed message

[ ] please leave a message asking me to return your call

[ ]

The best time to reach me is (day)_____ between (time)

Signed: _____ Date: ____/____/

Witness:_____ Date: ___/____/

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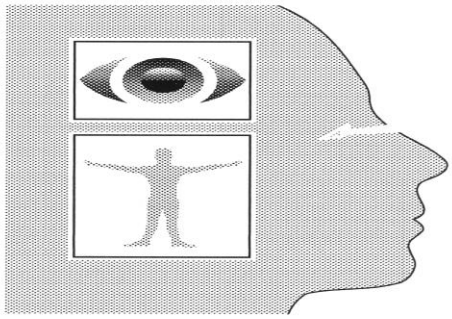

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