

Authorization for Release of Medical Information



Faribault Location & LASIK Center

1575 20th St NW, Ste 101
Faribault, MN 55021
Phone 507.332.9900
Toll Free 877.352.9900
Fax 507.332.6800

Northfield Location

710 Division St S
Northfield, MN 55057
Phone 507.645.2261
Fax 507.786.9703

Website

www.richieeyeclinic.com

Dr. Michael G. Richie
Eye Physician & Surgeon

Dr. Bruce V. Gustafson
Optometrist

Dr. Murray H. Hanson
Optometrist

Dr. David E. Malmanger
Optometrist

Dr. Misty J. Purfeerst
Optometrist

Dr. Angella L. Schaefer
Optometrist

Patient Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Information Released **FROM**:

Clinic Name _____

Provider Name _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Information Release **TO**: *(circle one)*

Faribault Location

Richie Eye Clinic &
LASIK Center
1575 20th St NW, Ste 101
Faribault, MN 55021

Northfield Location

Richie Eye Clinic
710 Division St S
Northfield, MN 55057

Information to be Released: Complete Eye Chart Record Including Optical

Reason for Release

- ◇ Legal
- ◇ Selected New Physician
- ◇ Consult / Second Opinion
- ◇ Insurance Claim Report
- ◇ Out of Town Move
- ◇ Referred by Dr. _____

Revocation: I understand that I may revoke this consent at any time and that the consent will automatically expire twelve months from the date of my signature. I do not authorize further release to any third party. I understand that once information is released under this authorization, this clinic and their employees and my physician cannot prevent the re-disclosure of that information.

Authorization: I authorize the above provider to release the information marked above to the recipient.

Signature of Patient / Guardian

Date

Relationship to Patient if Signed by Guardian