



DUPAGE FAMILY EYE CARE

489 Taft Ave
Glen Ellyn, IL 60137
(630) 790-1300

Authorization for Release of Information to Family Members

Many of our patients allow family members such as their spouse, parents or others to call and request medical or billing information. HIPAA privacy laws restrict sharing patient information without the patient's consent. If you wish to allow your medical or billing information to be shared with family members, please indicate with whom this information can be shared with and sign below.

I authorize DuPage Family Eye care to release my medical and/or billing information to the following individual(s):

1. _____ Relation to Patient: _____
2. _____ Relation to Patient: _____
3. _____ Relation to Patient: _____

Patient Information

I understand I have the right to revoke this authorization at any time (in writing) and that I have the right to inspect or copy the protected health information to be disclosed.

I understand that information disclosed to any above recipient is no longer protected by federal or state law and may be subject to re-disclosure by the above recipient.

Name: _____ Date of Birth: _____

Signature: _____ Date: _____