ALL EYE CARE, P.A.
VISION, MEDICAL & SURGERY

RAJIV RUGWANI, M.D.
Eye Specialist & Eye Surgeon

800 Hwy. 77 N. • Suite #100 • Waxahachie, TX 75165 • (972) 937-4433 • Fax (972) 937-4525

Authorization to Release Protected Health Information

I acknowledge I have been given the opportunity to review **All Eye Care, P.A.'s** Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

As a covered entity under HIPAA (Health Insurance Portability and Accountability Act), All Eye Care, P.A./Rajiv M. Rugwani, M.D., is required to maintain the privacy of your protected health information. We are prohibited by law from disclosing any protected health information to anyone other than you without your written authorization. This agreement authorizes employees of All Eye Care, P.A./Rajiv M. Rugwani, M.D., to disclose protected health information to the person(s) listed below for general disclosure, purposes of treatment, and obtaining payment for our services.

Name	Relationship	Date

This authorization is valid until revoked in writing by the patient. The patient has the right to revoke this authorization at any time by submitting a written request. A revocation is not valid and will not apply to disclosures made prior to the date of the written revocation.

All Eye Care, P.A./Rajiv M. Rugwani, M.D., will not be responsible for any disclosures of protected health information made by the recipients of information authorized by this document.

I understand that by signing this document, I hereby authorize All Eye Care, P.A./Rajiv M. Rugwani, M.D., to release my protected health information for the purposes mentioned previously to those persons I have listed above.

Patient Printed Name _____ Date _____

Patient Signature _____