

# RETINA OF COASTAL CAROLINA

## STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

### Information to be Used or Disclosed covered by authorization includes:

Clinical      Billing/Insurance      Pharmacy      Appointment      Demographic Info

### Persons to Whom Information May Be Disclosed

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Name of person	DOB	Relationship
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Name of person	DOB	Relationship
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Name of person	DOB	Relationship
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### Expiration Date of Authorization

This authorization is effective through treatment unless revoked or terminated by the patient or the patient's personal representative.

### Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Retina of Coastal Carolina. You should contact the Office Administrator to terminate this authorization.

### Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

### Signature

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Name of patient

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Signature of Patient

Date

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Signature of Patient Representative

Relationship of Patient Representative