Pediatric Ophthalmology & Adult Strabismus
Pittsburgh, Pennsylvania

Jane Hughes, M.D.
Joseph C. Paviglianiti, M.D.
Eric A. Pennock, M.D.
Tara Franz, O.D.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize Pediatric Ophthalmology & Adult Strabismus to release Information from the record of:

Patient Name_____, Birth Date_____as described below to:

Name of Facility/Person:_____

Address:_____City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

Records to be released and **date(s) of service** (check all that apply):

- o Patient Exam/Progress note-**Dates:**_____
- o Operative Reports-**Dates:**_____
- o All Records

I understand that this authorization is in effect for a period of 90 days from the date of signature, unless otherwise specified below. No time frame may exceed one year from the date of signature. I understand that I have a right to revoke this authorization any time by sending a written requested to the entity/person I authorized the above release of information to.

I understand the following: A disclosure statement, as required by law, will accompany all records released. Release of my records will be for the purpose stated on this form and only those items checked off or listed will be released. Although applicable laws may prohibit re-disclosure of records. I understand that it is possible that the facility/person that receives the records may re-disclose the information, therefore (1) Pediatric Ophthalmology & Adult Strabismus and its staff/employees have no responsibility or liability as result of re-disclosure and (2) such information would no longer be protected under the Privacy Rule.

_____ _____ _____

Patient over 18 or legal guardian/parent Print Name Date of Signature

Please be aware that healthcare facilities are authorized by Pennsylvania State law to charge for the reproduction of medical records and that charges may be associated with this request. Requestors may be notified in advance of the amount due for the request of records will be sent upon receipt.

Business Office
(direct all correspondence to)
124 Graham Park Drive, Suite 300 • Cranberry Township, PA 16066
Phone (724) 772-3388 • FAX: (724) 772-7021
www.eyemdsforkids.com

North Office:
124 Graham Park Drive, Suite 300
Cranberry Township, PA 16066
(724) 772-3388 • FAX: (724) 772-7021

South Office:
Meadows Professional Center
1385 Washington Road (Rt. 19)
Washington, PA 15301
(724) 772-3388 • FAX: (724) 772-7021

East Office:
Old William Penn Professional Bldg., Suite 2
4750 Old William Penn Highway
Murrysville, PA 15668
(724) 772-3388 • FAX: (724) 772-7021