

Authorization for Release of Medical Information



Faribault Location
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. Piller
Optometrist

Dr. Abigail L. Richie
Optometrist

Dr. Angella L. Schaefer
Optometrist

Patient Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Information Released TO:

Clinic Name _____

Provider Name _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Information Release FROM: (circle one)

Faribault Location
Richie Eye Clinic
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