EYE SPECIALISTS OF ESCONDIDO
A Professional Medical Corporation
201 W. VALLEY PARKWAY
ESCONDIDO, CA 92025
(760) 489-5100

Matthew R. Kirk, M.D.
Ashley McCafferty, O.D. Therapeutic Optometrist

Permission to Discuss Protected Health Information with Others

I hereby grant permission to Eye Specialists of Escondido to speak to the following individuals about my health and disclose my health information including billing and insurance. I understand this authorization does not include information regarding HIV, psychiatric, drug and/or alcohol records, which must be authorized on a separate release.

	Name	DOB
Spouse	_____	_____
Children	_____	_____
	_____	_____
	_____	_____
Guardian	_____	_____
Caregiver	_____	_____
Sister	_____	_____
Brother	_____	_____
Friend	_____	_____

You may discuss my (please check all that apply):

{ } Visit Notes & Prescriptions { } Laboratory Results { } Studies/Testing
{ } All Services & Treatment Rendered

I understand that I may revoke this authorization at any time in writing.

Patient Name (please print)_____Patient Date of Birth_____

Patient/Guardian Signature_____Date_____

{ } I acknowledge the form and I elect that my medical information remain private _____ (pt. initials)