EYE ASSOCIATES NORTHWEST, PC
1101 Madison St Ste 600
Seattle WA 98104
(206)215-2020/ FAX (206)215-2022

REQUEST FOR ACCESS TO MEDICAL INFORMATION

Eye Associates Northwest, PC (EANW) acts in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our Notice of Privacy Practices provides information about our use of your health information. You have the right to access, inspect and copy protected health care information used to make decisions about you. Please be advised of the following EANW Policy regarding release of medical records:

- EANW will make every reasonable attempt to give you access to information about yourself generated within this practice.
- Your EANW physician will review your request for records.
- EANW will provide the requested information within thirty (30) days
- **Reasonable costs, in accordance with RCW 70.02.010 (12) may be charged.**

Patient Name: _____DOB: _____

Requesting Records from

Name: _____

Phone: _____ Fax _____

I am requesting the following information:
____ Most recent exam only
____ Other _____

FOR OFFICE USE ONLY

Release Records to

Name: _____

Address: _____
_____

Phone: _____ Fax _____

I understand that my consent is required to release any health care information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use. EANW is specifically authorized to release all health care information relating to such testing or treatment.

_____/_____ DATE _____
Signature / Relationship to Patient

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER THE DATE SIGNED

Revised 8/28/2013