



**Associated Ophthalmologists
of Kansas City, PC**

*The Medical Mall at St. Joseph Medical Center
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Kansas City, MO 64114
(816) 943-1123 Fax (816) 943-1250*

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____, born _____
Patient Name Date of Birth

Authorize and request: _____
Specify Practice/Facility or Physician

To release to _____
Specify recipient of patient records

The following information _____
Specify all or what portion of records

Purpose of Disclosure: _____
This information is released for this purpose and this purpose only

I understand that if my medical record contains information concerning HIV (AIDS) or drug or alcohol abuse, those portions of my medical record are protected by state or federal law. I hereby release and forever discharge Associated Ophthalmologists of Kansas City, P.C., its physicians and employees, or agents from any liability arising out of the release of my medical record as specified above and pursuant to this signed authorization.

This consent is subject to written revocation at any time*, except to the extent that the disclosure has already taken place in reliance on it. If not previously revoked, this consent will terminate on _____. If left blank, this consent expires in one year.

Signature of Patient Month Date Year

Signature of parent, guardian or authorized representative Nature of relationship

Witness

Information disclosed as requested in this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA rule. Treatment may not be conditioned on signing this authorization unless treatment is research related and the authorization is for use or disclosure for such research. *Written revocation must be submitted to: Privacy Official, Associated Ophthalmologists of Kansas City, P.C., 1004 Carondelet Dr., Suite 405, Kansas City, MO 64114.

PRIVILEGED AND CONFIDENTIAL INFORMATION

This transmission contains CONFIDENTIAL information which may also be LEGALLY PRIVILEGED and which is intended only for the use of the individual or entity named above. If the reader of this transmission is not the intended recipient, you are hereby on notice that you are in possession of confidential and privileged information. Any dissemination, distribution, or copying of this transmission is strictly prohibited.

If you have received this transmission in error, please notify us immediately by telephone and return the entire transmission to the appropriate address via the post

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James R. Overlease, III, M.D.
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