

HADLEY EYE CARE

EMAIL AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

(HIPAA & Alabama Compliant)

Patient Information

Patient Name: _____ Date of Birth: _____

Phone Number: _____

Authorization

I authorize **Hadley Eye Care** to release my medical records **by email** to the email address listed below. This authorization applies to the following records (check all that apply):

- Complete medical record
- Eye exam records
- Contact lens records
- Diagnostic testing / imaging
- Prescription information
- Other (specify): _____

Authorized Email Address

Email Address for Record Delivery: _____

Acknowledgment of Email Risks

I understand and acknowledge that:

- Email communication **may not be secure** and could be accessed by unauthorized individuals.
- Once records are transmitted electronically, **Hadley Eye Care is not responsible** for unauthorized access beyond its control.
- I am responsible for providing an accurate and current email address.

I knowingly consent to receive my medical records by email.

Fees Notice (Alabama Law)

I understand that **Alabama law permits healthcare providers to charge reasonable fees** for copying, processing, and delivery of medical records.

I acknowledge that such fees **may apply**.

Expiration of Authorization

This authorization will expire (check one):

- One (1) year from the date signed On this date: _____
 Upon completion of this request

Patient Rights

- I understand that I may **revoke this authorization in writing** at any time, except where action has already been taken.
- My treatment or benefits **are not conditioned** on signing this authorization.
- Once disclosed, my information may no longer be protected by HIPAA if received by a non-covered entity.

Signature _____

Patient or Legal Representative Signature:

Printed Name: _____ **Date:** _____

If signed by a legal representative, indicate authority:

Parent / Legal Guardian Power of Attorney Other: _____

For Office Use Only

Date Received: _____

Processed By: _____

Date Sent: _____