

**RELEASE OF INFORMATION**

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden Name or Previous Name

\_\_\_\_\_  
Parent(s) Name if Minor

I HEREBY AUTHORIZE INFORMATION TO BE RELEASED FROM:

**Dr. Nathan Berry   Dr. Adam Stewart   Dr. Matthew Nickell   Dr. Jessica Hall**  
**Berry Stewart Eye Center**  
**2790 SW Wilshire Blvd.**  
**Burleson, TX 76028**  
**817-484-2020**  
**817-484-2015 Fax**

PLEASE GIVE/SEND THIS INFORMATION TO:

This information can be released as instructed, including medical documentation, opinion, or assistance about reports, records, or x-rays, or any other information or documents that you may have in your custody or in your control, with reference to me.

I specifically authorize the following to be released. This confidential information is protected by Federal and/or State Law\*. Please indicate YES or NO and please initial for your authorization.

- YES \_\_\_\_\_ NO \_\_\_\_\_ Mental Illness information
- YES \_\_\_\_\_ NO \_\_\_\_\_ Aids or HIV-related information
- YES \_\_\_\_\_ NO \_\_\_\_\_ Drug or Alcohol abuse information

Special instructions (if limiting to specific dates or information, etc.)

- Entire Medical Record
- Medical Record from \_\_\_\_\_(date) to \_\_\_\_\_(date)
- Last 2 Visual fields

The purpose of this disclosure is:

1.  Medical Care
2. \_\_\_\_\_ Insurance Purposes
3. \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL REPRESENTATIVE SIGNATURE (IF APPROPRIATE)

**This waiver expires one year after the date hereof. I understand that I may revoke this authorization at any time by giving written notice.**

**\*Note:** Re-disclosure of this information without further written consent is prohibited. The receiver may NOT further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

A photocopy or facsimile of this authorization, as duly executed, shall have the same force and effect as this original.