



NORTHERN VALLEY
Eye Care INC.

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Steven J. St. Marie, O.D.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____ DOB: _____

I hereby authorize Northern Valley Eye Care, Inc. to: Obtain Release
my health record including, but not limited to, diagnoses, lab and other test results, treatment, and billing
records for all conditions to/from:

Healthcare Provider/Business Name

Address

City

State

Zip

Phone

Fax

Please specify the reason information is being shared. If you are initiating the request for sharing
information and do not wish to list the reasons for sharing, write "at my request."

Transfer of Care Other _____

Duration of Authorization:

All past, present, and future periods The date of the signature until the following event:

From _____ to _____

To optimize timeliness and reduce cost, the initial record release may be limited to the most recent
appointment and tests of each type. Additional health record information may be requested during the
authorized period.

I understand the decision to transfer my care to another provider constitutes the termination of the
doctor-patient relationship with all providers of Northern Valley Eye Care, Inc.

Patient Signature

Date

Signature of Legal Representative/Relationship to Patient

Date

Revocation Process: I understand that I must place my request in writing; I can revoke this authorization at any time. However, I understand
that a healthcare organization cannot take back information that has already been released in response to this Authorization. I understand
that the revocation of this authorization will not apply to my insurance company whenever my insurer has the legal right to contest a claim
under my policy.

*By state law, fees may be charged for making copies. Our standard fees are as follows: We are happy to provide up to 4 pages of copies at
no charge. Beyond that, .50 per page will be charged thereafter. You may also be charged for postage if you ask that the records be mailed to
you or a provider.**HIPAA allows 30 days for a provider to respond to your request for records.