



Toll-free: 855-654-2020  
Web: clemsoneye.com

# Medical Records Release

## Authorization for Use

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Release records from: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize the custodian of records of: \_\_\_\_\_ or other person/entity  
(specifically describe) to disclose/release all medical records to: \_\_\_\_\_

\*Note: If these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, or sexually transmitted disease, you are hereby authorizing disclosure of this information.

Please send the records to: Clemson Eye Clinic (circled) at the **fax** number below (**area code 864**):

Anderson  
622-5020

Clemson  
654-3275

Easley  
855-6850

Greenville  
292-2020

## Disclosure of Protected Health Information

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I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law. By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient / Guardian / Guarantor

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness

**Anderson**  
2011 E Greenville St  
Anderson, SC 29621  
Office: 864-622-5000  
Fax: 864-622-5020

**Clemson**  
931 Tiger Blvd  
Clemson, SC 29631  
Office: 864-654-6706  
Fax: 864-654-3275

**Easley**  
15 Southern Center Court  
Easley, SC 29642  
Office: 864-855-6800  
Fax: 864-855-6850

**Greenville**  
360 Pelham Rd  
Greenville, SC 29615  
Office: 864-268-1000  
LASIK: 864-297-8777  
Fax: 864-292-2020