



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

Medical Records Release

Authorization for Use

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	Simpsonville 963-3232
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Disclosure of Protected Health Information

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 Ct
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

Simpsonville
877 NE Main St
Simpsonville, SC 29681
Office: 864-967-8582