

Gulani Vision Institute

Authorization for Release of Medical Information

Patient Name: _____ SSN: _____ - _____ - _____

Date of Birth: ____/____/____ Phone: (____) ____ - _____ Email: _____

I Authorize Release of Medical Records to: Gulani Vision Institute

Please fax records to: (888) 397 – 4699

Please check the following and include name, addresses and telephone numbers:

To obtain from: _____

To release to:

GULANI VISION INSTITUTE
8075 Gate Parkway West Ste. 102
Jacksonville, Florida 32216
Phone: (904) 296 – 7393
Fax: (888) 397 – 4699

Information to be released: 12 months of records will be copied unless otherwise indicated.
(Please circle Yes or No for each category listed)

Y N Medical History	Y N Operative Report	Y N Treatment or Test
Y N Lab Report	Y N Consultations	Y N Pathology Report
Y N Hospital Report	Y N X-Ray Reports	Y N Social History
Y N Medication Record	Y N Substance Abuse Records	Y N Mental Health Records
Y N HIV/AIDS Record	Y N Sexual Assault Records	Y N Child Abuse Records
Y N Minor's Report	Y N Venereal Disease Records	Y N Medical Examiner's Report
Y N Specify _____		

The information is needed for the following purposes:

I understand that these records are of a privileged and confidential status. I waive the status for the purpose contained within this authorization. I agree to hold GVI (Gulani Vision Institute) harmless from any and all cost, liability and damages of any nature whatsoever, including attorney fees, resulting directly or indirectly from GVI release of these records pursuant to this consent. This authorization will automatically expire one (1) year following date of signature without my express revocation.

I acknowledge that I have read and understand this authorization and its content:

Signature of Patient/Legal Guardian Date Relation to patient

Prohibition of Disclosure: The information is being disclosed to you from records whose confidentiality is protected by state laws, specifically FL Statutes 395.325, 455.667, & 394.459. State laws prohibit you from any further disclosure of this date without the specific written consent of the person to whom it pertains, or as otherwise permitted by Florida state statutes and regulations. A General Authorization is not sufficient for this purpose.