



Junction City: 707 Greenwood St. 541-998-6454  
Eugene: 1400 Valley River Drive, Ste 220. 541-342-2201  
[www.oregoneyedocs.com](http://www.oregoneyedocs.com)

Patient's name: \_\_\_\_\_

Today's date: \_\_\_/\_\_\_/\_\_\_\_\_

**Authorization to Disclose Health Information to Family Members and Friends**

\_\_\_ I **decline** the release of health information to any individuals at this time

\_\_\_ I **authorize** the release of health information to the individuals listed below

Name	Relationship	Medical Information	Billing Information	Make/Cancel Appointments	Pick up/Place orders

**HIPAA Privacy Policy**

HIPAA Privacy Policy Acknowledgement: I acknowledge that I was offered a copy of Oregon Eye Doc's, LLC, notice of privacy practices.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_