

Relationship to Patient (if other than patient): ____

Request For Access To Medical Information

Cape Girardeau, MO 63703360 S. Mount Auburn Rd.
(p) 573-335-3577 | (f) 573-335-1559

Cape Girardeau Doctors' Park 64 Doctors' Park (p) 573-334-5265 | (f) 573-334-3648 **Poplar Bluff, MO 63901** 579 Physicians Park Dr. (p) 573-686-5579 | (f) 573-686-9555

Our Notice of Privacy Practices provides information about our use of a patient's protected health information. The Notice contains describes your rights under the law. Patients have the right to access, inspect, and copy protected health care information used to make decisions about them and/or limit/restrict health care information released. Eye Care Specialists, L.L.C. and your authorized provider designated below will provide you a copy of this Notice of Privacy Practices upon request. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Patient N	lame:			Date of Request:	
Social Secur	ity #:			Date of Birth:	
hereby authorize: EYECARE Specialists, L.L.C. David J. Westrich, MD, FACS D. Shawn Parker, MD, FACS Brad Stuckenschneider, MD, FACS		☐ Todd J. Lumsden, DO, FAOCO ☐ John R. Kinder, MD, FACS ☐ Richard L. Kies, MD, FACS ☐ Tatyana I. Metelitsina, M.D.		☐ T. Kim Krummenacher, MI☐ Byron A. Santos, MD☐ Michael J. Katich, OD	
to release to:		(Name)		(Phone)	
		(Address)		(Fax)	
☐ Any and All M	ledical In	Formation			
specific inform	nation vo	ı desire.			
specific inforr				during my	medical care at your facility
contained in t	t I may re		time by giving	g written notice to th	•

Date of Birth: