



Ophthalmology
Consultants, P.A.

Eye Muscle Specialist
Pediatric Ophthalmologist
Optometrist

3200 N. MacArthur Blvd
Suite 200
Irving, TX 75062

3050 S. Center St, Suite 110
Arlington, TX 76014

Everett A. Moody, MD
Kartik Kumar, MD
Colleen Walters, MD

4112 W.15th St
Suite 201
Plano, TX 75093

526 N Locust St
Denton, TX 76201

Phone: 972.258.7979 Fax: 972.570.5502

Authorization for release of Protected Health Information to OCPA

Patient Name: _____	DOB: _____
Parent / Legal Guardian: _____	Phone: _____
Address: _____	

I hereby authorize the following health care provider to release my health information to Ophthalmology Consultants, 3200 N MacArthur, Suite 200, Irving, TX 75062. Fax:972-570-5502

Name: _____
Phone: _____ Fax: _____
Address: _____

For the purpose of : (circle one):

Treatment Payment Healthcare Operations Other: _____

Type of information to be released is as follows:
<input type="checkbox"/> Entire Record
<input type="checkbox"/> Operative Reports
<input type="checkbox"/> Consultation Reports
<input type="checkbox"/> Billing Records
<input type="checkbox"/> Other: _____

Date(s) of service from _____ to _____

- This authorization shall be in effect until revoked by me in writing.
- I understand that I may revoke this authorization at any time by notifying the above named health care provider in writing. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my health information has acted in reliance upon this authorization.
- I understand if the recipient authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal and state privacy regulations.
- I understand authorization for the use or disclosure of the information identified is voluntary. I need not sign this form to ensure health care treatment. I further understand that my health care and the payment of my health care will not be affected if I do not sign this form.

Signature of Patient or Personal Representative
Self Parent/Guardian Power of Attorney Other

Date



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