Dr. Jon Franklin, O.D. Dr. Michael Bingham, O.D. Dr. Tom Roberson, O.D.

FRANKLIN FAMILY EYE CARE

3458 North Mt. Juliet Road, Mt. Juliet, TN 37122

Phone: 615-754-4733 Fax: 615-758-7515

HIPPA Authorization for Use or Disclosure of Health Information

Our Notice of Privacy Practices provides information about how FRANKLIN FAMILY EYE CARE, PLLC may use and disclose your protected health information and when we need your written authorization to do so. This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Standards.

Name of Patient: _____ Date of Birth: _____

OPTION 1: Transferring Records from Previous Provider TO Franklin Family Eye Care.

I authorize FRANKLIN FAMILY EYE CARE to request and use the following health information from my Previous Provider Name: _____

Previous Provider Phone: _____

Previous Provider Fax: _____

OPTION 2: Transferring Records FROM Franklin Family Eye Care to other Provider.

I authorize FRANKLIN FAMILY EYE CARE to share the following health information with

Provider Name: _____

Provider Phone: _____

Provider Fax: _____

This Authorization includes:

___ All my health information

___ My health information relating to the following treatment or condition:

_____

___ My health information covering the period of healthcare from _____(start) to _____(end).

___ Other:_____

This Authorization ends:

___ At my request.

___ When I am no longer a patient at this practice.

___ When the following event occurs: _____

Signature: _____ Date: _____

Patient or Authorized Representative