



# Outgoing Medical Record Release Form

**Patient Name:**

**DOB:**

**Medical Records From:**

**Medical Records:  
(circle one)**

**mailed/faxed to  
picked up by  
emailed to**

**Rockland Eyecare  
1100 Commercial Street  
Rockport, ME 04843**

**Name**

**Damariscotta Eyecare  
590 Main Street  
Damariscotta, ME 04543**

**Address**

**City/State/Zip Code**

**Phone Number**

**Fax Number**

**Email Address**

*(Midcoast Eyecare, LLC, does not recommend emailing patient information due to the potential insecure nature of the recipient's email domain. By signing below and choosing to have records emailed, you are of this potentially insecure method of communication.)*

**Records Requested:**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Last office visit**

**Complete Medical Record (may be subject to charge)**

**Other (please specify)**

**Purpose of Disclosure:**

I authorize the release of medical information to another provider/facility as deemed necessary for my treatment. I further authorize *Midcoast Eyecare, LLC* to obtain medical information from another provider/facility as deemed necessary in the course of my treatment. This authorization may be revoked, by me, in writing, at anytime. Information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by HIPAA. My health care and payment for my health care will not be affected by refusing to sign this form. I understand that I may see and copy the information described on this form as requested. **I understand there may be a fee for copying medical records as allowed by federal and state law. I understand that it may take 30 days for medical records to be released and that *Midcoast Eyecare, LLC* may withhold records until the medical record fee is collected.**

**Printed Name of Requested**

**Relationship to patient**

**Patient/Parent/Guardian Signature**

**Date**

**Address**

**Telephone Number**

*This release expires 1 year from signature date above, unless specified otherwise in writing.*