Mark W. Doubrava, M.D.

Eye Care for Nevada

Authorization for the release of protected health information

This authorization authorizes the release of protected health information pursuant to 45 CFR parts 160 and 164.

The undersigned authorizes the above-mentioned provider, Mark W. Doubrava, M.D., to release information or medical records acquired during the course of examination and/or treatment to the referring physician or to any appropriate insurance carrier.

The information may be disclosed by employees or business associates of Mark W. Doubrava, M.D. and is necessary to bill the insurance and communicate with other attending physicians.

I acknowledge that I have the right to revoke this authorization at any time and I understand that once the information is disclosed it may no longer be protected by federal privacy law. Copies of this authorization may serve as the original.

NOTE: You may revoke this authorization only in writing by certified mail to the provider and address listed below. The revocation will be effective only upon receipt, except: (1) to the extent the provider has acted in reliance on the authorization or (2) the authorization was obtained as a condition of obtaining insurance coverage and the insurer wishes to use to the protected health information to lawfully contest a claim. Further information on the right to revoke may be provided from time to time in the provider's notice of privacy practices.

I understand that treatment by the provider is not conditioned on my signing this authorization, although exceptions will be made for (A) research-related treatment, (B) for treatment the purpose of which is creating protected health information for a third party, such as pre-employment physicals and (C) except for psychotherapy notes, for health plans who condition enrollment or on an authorization prior to enrollment, or where payment is conditioned on an authorization to use protected health information to determine payment.

Date: _____

Signed By: _____

Print Patient's Name: _____

If person signing is other than patient, state authority under which signature is made: _____

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Mark W. Doubrava, M.D.

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