

# MITCHELL EYE INSTITUTE, PC

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## AUTHORIZATION TO RELEASE INFORMATION TO FAMILY MEMBERS

Many of our patients allow family members such as their spouse, parents or others to call and request medical or billing information. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. **If you wish to have your medical or billing information released to family members you must sign this form.** Signing this form will only give consent to release this information to the family members indicated below. This consent form will not allow Mitchell & Morin Eye Institute, PC to release any other information to these family members. You have the right to revoke this consent in writing.

I authorize/allow Mitchell & Morin Eye Institute, PC to release my medical and/or billing information to the following individual(s):

1. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

2. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

3. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO LEAVE MESSAGES ON ANSWERING MACHINE/VOICEMAIL

Occasionally it is necessary for our staff to leave messages for patients. The purposes of these messages is to remind patients that they have an appointment, to notify the patient of results of testing or status of requests, or to ask the patient to call back regarding an issue or concern. At no time will a representative of Mitchell & Morin Eye Institute, PC discuss your medical condition without your consent.

My signature below authorizes/allows Mitchell & Morin Eye Institute, PC to leave messages on my answering machine/voicemail:

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 21 \_\_\_\_, by

\_\_\_\_\_ (name of person acknowledged).

\_\_\_\_\_  
Signature of Notarial Officer (Seal)

Notary Registration Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_