NORTH BAY EYE ASSOCIATES

MEDICAL RECORDS RELEASE AUTHORIZATION
RECORDS RELEASED TO / FROM:

Jason Bacharach, MD
Glaucoma Consultation &
Anterior Segment Surgery

William Bartlett, MD
General ophthalmology &
Anterior Segment Surgery

T. Otis Paul, MD
Pediatric Ophthalmology &
Eye Muscle Surgery

Michael A. Saidel, MD
Cornea Consultation &
Anterior Segment Surgery

Emil Shieh, MD
General Ophthalmology &
Anterior Segment Surgery

Rona Silkiss, MD, FACS
Ophthalmic Plastic &
Reconstructive Surgery

David Ulmer, MD
General Ophthalmology

Roger D. Weeks, MD
General Ophthalmology

Jeffrey Andersen, OD
TPA Certified Optometry

Lisa Teel, OD
TPA Certified Optometry

NAME **PHONE #**

ADDRESS

CITY **STATE** **ZIP CODE**

Specify Records:
I hereby authorize you to release my medical records, including all medical/vision records and any contact lens information available.

Duration:
This authorization shall become effective immediately and shall remain in effect for one year from the date of signature.

Revocation:
I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

Redisclosure:
I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Patient Name Date of Birth

Signature of Patient/Responsible Party Relationship to Patient

Date

Patient has a right to a copy of this authorization

PLEASE SEND RECORDS TO / FROM:

104 Lynch Creek Way #15
Petaluma, CA 94954
707-762-3573 Phone
707-762-6873 Fax

Clinical Research Dept.
104 Lynch Creek Way #12
Petaluma, CA 94954
707-769-2237 Phone
707-769-3330 Fax

380 Tesconi Court
Santa Rosa, CA 95401
707-544-3375 Phone
707-544-0808 Fax

1310 Prentice Dr. Ste F
Healdsburg, CA 95448
707-433-9475 Phone
707-431-2013 Fax

181 Andrieux St.#100
Sonoma, CA 95476
707-996-1052 Phone
707-996-6787 Fax

ADMINISTRATIVE OFFICE: 50 PROFESSIONAL CENTER DRIVE, SUITE 210, ROHNERT PARK, CA 94928