
KUNESH EYE CENTER, INC.

CONSENT FOR RELEASE OF MEDICAL INFORMATION TO FAMILY AND FRIENDS

May we release protected health information to a member of your family, a relative, a close friend, or any other person you identify? YES NO

Kunesh Eye Center, Inc. may release Medical Information about me to the following:

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Do you have a Medical Power of Attorney? YES NO

If so, whom?

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Date of Birth

Description of Personal Representative's Authority

Patient Account #

Signature of Witness