



Joliet EyeCare Assoc.
301 Springfield Ave
Joliet IL 60435

Ph: 815-744-3222
Fax: 815-744-3519
Contact@jolieteyecare.com

Date: 05/01/2017

Patient Name: _____ DOB: _____

Release of Records to Joliet EyeCare Associates

I, _____, request the release of my exam records. Please fax the last 1-2 years of my records and or any other pertinent information regarding my care. If Dr. Tahir needs more information he may call you personally.

RELEASE TO:

FROM:

Joliet EyeCare Associates
301 Springfield Ave
Joliet IL 60435

Phone: 815-744-3222
Fax: 815-744-3519

Release of Records to Another Office from Joliet EyeCare Associates

Last Exam or a "Summary of your Exam plus any pertinent information," will be sent to the Eye Doctor listed below via Fax, for free. In most cases this information is sufficient for your eye healthcare. If further information is requested or the full release of your records is required, there is a \$21.00 fee and up to 3 days requirement.

HIPAA and the IL legislations allow fees for the release of your records. If you have any questions please see the HIPAA law or visit www.isms.org or <http://www.ilga.gov/legislation/>

I, _____, request the release of my exam records transferred to:

TRANSFER MY RECORDS TO (MUST BE FILLED IN FULL):

Name of Facility: _____

Ph: _____ Fax: _____

Address: _____ City: _____ St: _____ Zip: _____

Printed Name: _____

Signature: _____ Date: _____