William H. Davenport, M.D.
John M. Guerrero, M.D.
Nelson C. Klaus, III, M.D.

James P. Truitt, Jr., M.D.
Michael F. Carelli, O.D.
Clifford L. Salinger, M.D.

Exception to the Release of Protected Health Information (PHI) for Stuart Eye Institute

Patient Name: _____ Date of Birth: _____

Social Security Number: _____

Address: _____

_____

Phone Number: _____

1 Exception for Disclosure (Individuals or means where by P.H.I. may be released)
I authorize the following people to be involved in my care that may require a disclosure of PHI.

Individual's Name (Please Print)	*Relationship to Patient*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
Signature of Patient (or Legal Representative) Date of Request

FOR PRACTICE USE ONLY

_____ _____
Signature of Employee Receiving Request Date Received

Request for exception has been Approved / Denied Reason for denial:

_____

_____

_____