

Oxford Family Eye Care
Dr. Malcolm H. Kelly, Jr.
49 South 2nd Street
Oxford, PA 19363
(610) 932-9356

Authorization to release PHI (Personal Health Information)
(Excludes Physicians & Attornies)

I hereby authorize Oxford Family Eye Care to release my PHI to:

Please list name of person(s) that information may be released to:
(example: spouse, parent, siblings, etc)

Name	
Address	
Phone #	Relationship

Name	
Address	
Phone #	Relationship

Name	
Address	
Phone #	Relationship

Patient's Printed Name: _____

Signature: _____

Date of Birth: _____

Witness: _____
(Oxford Family Eye Care Representative)

To revoke this authorization, it must be submitted in writing to Oxford Family EyeCare.

There is potential for re-disclosure once this information is disclosed. Oxford Family Eyecare cannot control what the other entity does with your PHI (Personal Health Record)