EYEGAZE INC.

10363 Democracy Lane,
Fairfax Virginia, 22030
Eyegaze Inc. U.S.A
Phone: 703-385-8800

HIPAA-PHI

Name: ___________________________________ **Date of Birth:**______/______/______

Release of Information

☐ I authorize the release of information including the diagnosis, treatment recommendations, prescribed equipment, records; evaluations rendered to me and claims information. This information may be released to:

☐ Spouse_____________________________ ☐ Children_______________________________

☐ Family Members____________________ ☐Caregivers______________________________

☐ Other______________________________

☐ Information is NOT to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Messages

Please call:

☐ Home ( ) - ☐ Work ( ) - ☐ Cell ( ) -

If I am unable to answer you may:

☐ Leave a detailed message

☐ Please leave a message asking me to return your call

☐ ____

☐ You may send correspondences, to include personal health information (PHI) by email

Email address: _______________________________________

Signature: ____ **Date:** ___________________

Witness: ____ **Date:** ____________________