LC Technologies, Inc.
Eye Tracking That Brings Power to Sight

10363 Democracy Lane
Fairfax, VA 22030
Phone: 703-385-8800
Fax: 703-385-7137

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:** _____