**Ophthalmologist:**
Mark Sczepanski, M.D.
**Optometrists:**
Kristina Aikens, O.D.
Terra Boettcher, O.D.
Thomas S. Dunham, O.D.

# Authorization to Release Protected Health Information

| **Name (First, Middle Initial, Last)** | **Birth Date (MM/DD/YYYY)**<br>/ / |
|---|---|

| **Release Information From:** | **Release Information To:** |
|---|---|
| ☐ North Dakota Eye Clinic<br>1820 42nd St. South<br>Grand Forks, ND 58201 | ☐ North Dakota Eye Clinic<br>1820 42nd St. South<br>Grand Forks, ND 58201 |
| ☐ Other (Specify facility or individual, address and phone and/or fax number)<br>_____<br>_____<br>_____<br>_____ | ☐ Other (Specify facility or individual, address and phone and/or fax number)<br>_____<br>_____<br>_____<br>_____ |

## All Information to be Released

## ☐ ALL AVAILABLE RECORDS

if not all, please specify below

Service Dates *(optional)*

From: _____/_____/_____
Thru: _____/_____/_____

Comments:

_____
_____
_____
_____

Patient Signature:_____ Date:_____/_____/_____

Authorized Signature(if patient is a minor or incapable of signing):_____

**Phone: 701.775.3151 Fax: 701.775.3153 Toll Free: 800-333-7344**
**www.northdakotaeyeclinic.com**