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Cascade EyeCare Center

Physicians & Surgeons • Ophthalmology

Douglas R. Merritt, M.D.
Rodney D. Leavitt, M.D.
Mark J. Maffett, M.D.
Matthew R. Guymon, D.O.

PERMISSION TO DISCLOSE HEALTH INFORMATION

Patient Name (please print)_____ Date of Birth _____

We may disclose your health information to a family member, personal representative, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. Please list the individuals below who have your permission to share your health information. Cascade EyeCare Center, PC will request their date of birth as a form of identification.

Name	Relationship to Patient	Date of Birth (for identification)	Conditions of Access (if any)

My Portal Authorized Representative

You may opt to also give someone access to your on-line chart via our patient portal. This person would be able to log into your chart on-line to view your visit summaries, request refills of medications, request appointments, etc. If you would like to grant this access to a close family member or friend, please list that person below. They will be provided with their own account activation code.

The on-line portal is for NON-EMERGENT correspondence only.

Name (please print)_____ Date of Birth (required) _____

Please make the above-named person the Authorized Representative of my Portal Account.

Authorization

My signature below authorizes Drs. Douglas R. Merritt, Mark J. Maffett, Rodney D. Leavitt, Matthew R. Guymon, and/or James L. Davidian, dba Cascade EyeCare Center, PC to disclose my medical and/or billing information to the above listed persons.

Patient Signature _____ Date _____