



**NORTH BAY EYE ASSOCIATES**

# Medical Records Release Authorization

## Records Released TO / FROM:

\_\_\_\_\_  
Name Phone #

**Paul Archambeau, MD**  
General Ophthalmology

\_\_\_\_\_  
Address

**Jason Bacharach, MD**  
Glaucoma Consultation &  
Anterior Segment Surgery

\_\_\_\_\_  
City State Zip code

**William Bartlett, MD**  
General Ophthalmology &  
Anterior Segment Surgery

**SPECIFY RECORDS:**

I hereby authorize you to release my medical records, including all medical/vision records and any contact lens information available.

**T. Otis Paul, MD**  
Pediatric Ophthalmology &  
Eye Muscle Surgery

**DURATION:**

This authorization shall become effective immediately and shall remain in effect for one year from the date of signature.

**Rona Silkiss, MD, FACS**  
Ophthalmic Plastic &  
Reconstructive Surgery

**REVOCAATION:**

I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

**Lisa Nijm, MD, JD**  
Cornea, Anterior Segment,  
Corneal & Refractive Surgery

**REDISCLASURE:**

I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

**David Ulmer, MD**  
General Ophthalmology

\_\_\_\_\_  
Patient Name Date of Birth

**Jeffrey Andersen, OD**  
TPA Certified Optometry

\_\_\_\_\_  
Signature of Patient/Responsible Party Relationship to Patient

**Antonio Moran, OD**  
TPA Certified Optometry

\_\_\_\_\_  
Date

**Lisa Teel, OD**  
TPA Certified Optometry

Patient has a right to a copy of this authorization

### Please send records TO / FROM:

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| 104 Lynch Creek Way #15<br>Petaluma, CA 94954<br>(707) 762-3573<br>Fax: (707) 762-6873 | 108 Lynch Creek Way #1<br>Petaluma, CA 94954<br>(707) 775-3935<br>Fax: (707) 775-3937 | 1260 N Dutton #160<br>Santa Rosa, CA 95401<br>(707) 524-2442<br>Fax: (707) 524-2438 | 380 Tesconi Court<br>Santa Rosa, CA 95401<br>(707) 544-3375<br>Fax: (707) 544-0808 | 1310 Prentice Dr, St F<br>Healdsburg, CA 95448<br>(707) 433-9475<br>Fax: (707) 431-2013 | 545 3 <sup>rd</sup> St West<br>Sonoma, CA 95476<br>(707) 996-1052<br>Fax: (707) 996-6787 |
|--|---|---|--|---|--|

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