



DOCTORS  
**Deutscher  
 Rottinghaus**  
 OPTOMETRISTS P.A.

- Chris A. Deutscher, O.D.
- Charles A. Rottinghaus, O.D.

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**AUTHORIZATION TO RELEASE INFORMATION**

I \_\_\_\_\_, D.O.B. \_\_\_\_\_,  
 hereby authorize and request Drs. Deutscher & Rottinghaus to  
 (check) \_\_\_\_\_ furnish to; \_\_\_\_\_ receive from;  
 \_\_\_\_\_ in writing; \_\_\_\_\_ in verbal form

\_\_\_\_\_  
 (Name of person and/or office)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_ (FAX #) \_\_\_\_\_ (Phone #)

The following information from my records:

- \_\_\_\_\_ Clinical and/or Optometric Records
- \_\_\_\_\_ Spectacle Prescription Only
- \_\_\_\_\_ CL Prescription Only
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

I understand that this consent (unless revoked in writing) expires  
 90 days from signature date unless otherwise specified as follows:

\_\_\_\_\_

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Witness Relationship

This information has been disclosed to you from records in which confidentiality is protected by federal law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of information is not sufficient for this purpose.