Kenneth J. Fischer, O.D.
Lori Ann Kim, O.D.
65-1227 B Opelo Road Suite 5
Kamuela HI 96743
Ph: (808) 885-4000 Fx: (808) 885-7079

AUTHORIZATION TO RELEASE MEDICAL RECORDS/INFORMATION

Date: _____

Patient Name: _____ Date of Birth: _____
Address: _____
Contact Phone #(s): _____

___I hereby authorize _____ to release/disclose
_____ to Kenneth J. Fischer, O.D./ Lori Ann Kim, O.D.

___I hereby authorize Kenneth J. Fischer, O.D./ Lori Ann Kim, O.D. to release/disclose my records to: _____
Address: _____
Phone #: _____ Fax #: _____

_____ (initial) I consent to the release of the following information should it be contained in my medical record: Acquired Immune Deficiency Syndrome (AIDS) or HIV, alcohol and/or drug abuse treatment or behavioral or mental health services.

Signature: _____
(Parent or guardian signature is required if patient is a minor- under age 18)