



JAMES P. DEVLEMING, O.D. JENNA DEWALD, O.D.

The following patient(s) authorizes the release of his or her specified records to:

James P. DeVleming, O.D.
238 E. Main St.
Pullman, WA 99163
(t) 509 334 1131
(f) 509 332 4062

Patient name(s): _____

Release records from: _____
Provider name/location

Telephone Fax

- All records
- Spectacle records
- Contact lens records

Signature:* _____ Date: _____

If signed by a patient representative, state name and relationship to patient: _____

In accordance with the **HIPAA PRIVACY ACT this form must be filled out by the patient requesting the release of his or records OR his or her legal guardian or representative. Records will only be released to another health care provider.*