



Community Eye Care
of Indiana

John LaTona, M.D. Ph.D.
Richard Kautzman, O.D.
Thierry Wilbrandt, M.D.
Alma Noreika, O.D.
Matthew Burkart, O.D.

HIPAA Approved Contact Release

Patient Name: _____ DOB: _____

Approved Contact

Name: _____ Relationship to patient:

Phone Number: _____

I acknowledge that I am giving Community Eye Care of Indiana authorization to disclose my medical records to the approved contact listed above.

- Discuss Medical Records
- Obtain Copy of Medical Records

Signature or Patient: _____

Print Name: _____

Date: _____

EAST OFFICE

1400 North Ritter, Ste 281
Indianapolis, IN
Phone 317.357.8663
Fax 317.357.8842

NORTH OFFICE

7250 Clearvista Drive, Ste 180
Indianapolis, IN 46256
Phone 317.594.9410
Fax 317.594.0769

VISIT US ONLINE

www.CECofIndiana.com

EMAIL US

cecinc@cecofindiana.com