



# Ozark Eye Center

360 Highway 5 N  
Mountain Home, AR 72653  
870-425-2277

1113 Independence Dr  
West Plains, MO 65775  
417-255-0034

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## Release Form

- **Permission to Speak to Individuals Involved in Patient's Care**
  - **Including Financial Responsibility**

I, \_\_\_\_\_, give **Ozark Eye Center** permission to speak with the following people regarding my health status for health services I receive from **Ozark Eye Center**, to include, but limited to: Diagnosis, Treatment Options, Financial Plans, Payments and Account Balances.

This consent is valid beginning today, until such time as I provide **Ozark Eye Center** a written Revocation of Consent.

**Ozark Eye Center** and their employees may speak with the following:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Signature of Patient

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Date