



Envisions Eyecare Centers, Inc

Elegance N Eyewear Boutique

Dr. John S. Corvese and Associates
Dr. Jared Scaramuzzi Dr. Harrison T. Smiley
Dr. Norma Swenson Dr. Maria Serio
www.envisionseyecare.com

EAST PROVIDENCE
1970 Pawtucket Avenue
East Providence, RI 02914
(401) 438-1166 (Tel.)
(401) 438-1614 (Fax)

PROVIDENCE
319 Pocasset Avenue
Providence, RI 02909
(401) 942-1444 (Tel.)
(401) 223-7149 (Fax)

CRANSTON
868 Reservoir Avenue
Cranston, RI 02910
(401) 942-9933 (Tel.)
(401) 270-2491 (Fax)

WEST WARWICK
328 Cowesett Avenue
West Warwick, RI 02893
(401) 821-4300 (Tel.)
(401) 381-0084 (Fax)

NORTH PROVIDENCE
1543 Smith Street
North Providence, RI 02911
(401) 353-2010 (Tel.)
(401) 353-0380 (Fax)

Medical Information Request/Release Authorization

Patient Name: _____
Address: _____

DOB: _____
Home # _____

I hereby authorize _____ to disclose and release all medical information to:

- Envisions Eyecare Centers, Inc
- Other entity indicated below

I understand that my records are maintained in accordance with Family Education Rights and Privacy Act and the General Laws of Rhode Island and cannot be disclose without my written consent except as otherwise specifically provided by Law.

Any information released or received as result of this consent shall not be further relayed in any way to any other person, organization, entity or other without an additional written consent from me.

I may withdraw this consent by giving written notification to the above party at any time prior to disclosure of release of the information. In the absence of my prior withdrawal, this consent will expire 90 days after it is signed.

I have read this notice and consent prior to signing and understand its contents.

Patient Signature _____

Witness _____

Date _____

FOR HEALTH CARE USE ONLY

DATE RELEASE SENT _____ REVIEWED BY _____

DATE OF INFORMATION RECEIVED _____