Bay Area Retina Associates Records Release Log

I have received the handout on the Privacy Practices for Bay Area Retina Associates. I understand that my Protected Health Information (PHI) contained in my records at Bay Area Retina Associates, will be released only in accordance to HIPAA Guidelines and California State Law. A record will be kept in my chart listing any time my PHI was released and to whom it was released. A copy of this record will be made available to me at my request.

Signature_____ Date_____

Date of records release	Person or Persons requesting records with address phone and fax number	Documents faxed or mailed?	Completed By: