

ILLINOIS RETINA ASSOCIATES, S.C.

Recipient Non-Disclosure Statement

As the recipient of this information, you are prohibited from using this information for any purpose other than stated in your request. You may disclose this information to another party ONLY:

- With a written authorization from the patient or a legal representative.
- As required by state law.
- If urgently needed for patient's critical care.

This information is to be destroyed after its stated need has been fulfilled.

If this disclosure contains information related to alcohol or drug abuse or infection with AIDS or HIV, the following shall apply:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Staff Initials and Date: _____

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