

**Central Coast Eye**  
A Professional Medical Corporation

Steven C. Johnson, M.D.  
Specialist in the Treatment of Diseases of the Vitreous,  
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American Academy of Ophthalmology

**Request for Release  
Of  
Medical Records**

Date: \_\_\_\_\_

Release to / from: \_\_\_\_\_

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

Patient DOB: \_\_\_\_\_

I request my records be released to / from :

Central Coast Eye, Inc  
628 California Blvd, Suite C  
San Luis Obispo, Ca 93401  
Phone: ( 805 ) 544-0102  
Fax: ( 805 ) 547-2095

Patient's Signature: \_\_\_\_\_

OR

Power of Attorney Signature: \_\_\_\_\_

My protected health information ( PHI ) is individually identifiable health information, including demographic information collected from me or created or received by a health care provider, a health plan, or a health care clearing house and that relates to: ( i ) my past, present, or future physical or mental health or condition; ( ii ) the provision of health care to me; or ( iii ) the past, present, or future payment of the provision of health care to me.