

**DR. DONALD S. FULTON**

Optometrist

471 Monroe Tpke, Monroe, CT 06468

(p) 203.261.5783 (f) 203.268.7036

dsfulton@sbcglobal.net

131 Main St, Thomaston Square Ste 4, Thomaston, CT 06787

(p) 860.283.9857 (f) 860.283.5414

dsfulton02@sbcglobal.net

---

## **PERMISSION TO RELEASE RECORDS**

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

I GRANT PERMISSION FOR DR. DONALD S. FULTON'S OFFICE TO RELEASE MY RECORDS  
TO \_\_\_\_\_. THE MEDICAL FINDINGS AND TREATMENT  
DISCLOSED SHOULD COVER THE PERIOD OF TIME FROM \_\_\_\_\_ TO \_\_\_\_\_, UP  
TO THE MOST RECENT 7 YEARS OF RECORDS. BY INITIATING THIS REQUEST, I HEREBY  
RELEASE MY PRACTITIONER FROM ANY LAWS GOVERNING THE DISCLOSURE OF  
PROTECTED HEALTH INFORMATION.

\_\_\_\_\_  
SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE