



Victoria Dzurinko, OD, MBA, FAAO

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Deptford, NJ 08096

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PH: 856-537-7214

January 8, 2020

Dear Valued Patient

I am writing to inform you that Dzurinko Eye Care is closing as of February 8, 2020. It has been my absolute pleasure to meet you and be your trusted optometrist. I have decided to take a position outside of patient care. I am sad to leave my practice on Clements Bridge Road but am very excited to start this new career path.

Your records will be available to you so that you can have access to your eye exam information and your most recent glasses and contact lens prescriptions. There are several ways to obtain your records:

1. Use the attached records release form and mail it to: Dzurinko Eye Care PO Box 5401 Deptford, NJ 08096. You can request the records be sent to yourself or your new doctor.
2. Send a request for a records release form to: [Dzurinkoeyecare@gmail.com](mailto:Dzurinkoeyecare@gmail.com). Please be advised that gmail is not HIPAA secure, so you should be cautious sending any protected health information via email.
3. Go to [www.dzurinkoeyecare.com](http://www.dzurinkoeyecare.com) to download and print a copy of the records release form and mail it to: Dzurinko Eye Care PO Box 5401 Deptford, NJ 08096. You can request the records be sent to yourself or your new doctor.
4. If you provided an email at the time of your exam, you can go to <https://dzurinkoeyecare.itrust.io/patients/password/new>, enter your email to update your password. Once you have logged in, click the Reports tab, and then Prescriptions on the menu at the left. You will also be able to view and print your exams under the Exams tab.

Emergency care will be provided for 30 days after we close if needed. Call 856-537-7214 if you need assistance. There are many choices in the area for your continuing eye care needs. Below are three practices that are conveniently located nearby.

Lenscrafters located in the Deptford Mall  
1750 Deptford Center Road  
Deptford, NJ 08096  
(856) 848-8100

Robert Spivak and Associates  
1500 Almonesson Rd  
Deptford Township, NJ 08096  
(856) 227-4555

Friedberg Eye Associates P.A.  
661 North Broad Street  
Woodbury, NJ 08096  
(856) 248-0023

Again, it has been my honor to serve you over the last year. Thank you for making my practice a great place to come to, and I wish you health and happiness in the future.

Sincerely,

Victoria Dzurinko, OD, MBA, FAAO

# AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION

I hereby authorize:

**Dzurinko Eye Care, LLC**  
**PO Box 5401**  
**Deptford, NJ 08096**  
**Ph: 856-537-7214**  
**dzurinkoeyecare@gmail.com**

To disclose to:

Name of Party:

Street Address

Apt or Ste

City

State

Zip Code

Phone #:

Fax #:

**Patient health information pertaining to:**

Title

Last Name

First Name

MI

Suffix

Street Address

Apt or Ste

City

State

Zip Code

Best Phone #

Last 4 SSN

DOB:

**Please release all the following information:**

- ☐ Complete records including all prescriptions and testing.
- ☐ Summary of all diagnoses and treatments.
- ☐ Most recent glasses and contact lens prescriptions.

Other:

**Revocation: I understand that I may revoke this authorization at any time notifying this medical practice in writing. My revocation will not affect actions taken by this medical practice prior to its receipt.**

**Re-disclosure: I understand that although federal law does not protect health information which is disclosed to someone other than another health care provider, health plan or health care clearinghouse, recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.**

**Duration: This authorization is effective now and will remain in effect until two years after the date signed below.**

**A copy of this Authorization is as valid as the original. Patient has a right to a copy of this authorization.**

Signature of patient or  
representative :

Printed name:

**Relationship to patient:**

☐ Self

☐ Parent

☐ Legal guardian

☐ Power of attorney

☐ Other