Associated Skin Care Specialists

PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

(To be filed in Patient's chart)

Medical Dermatology
Mohs Surgery
Research
Cosmetic Services
Dermatopathology

Frederick Fish, MD
FAAD, FACP, ACMS
Jeffrey Freed, MD
FAAD
Ngo Hien, MD
(in memoriam)
Susan Humphreys, MD
FAAD
Steven Kempers, MD
FAAD
Jane Lindholm, MD
FAAD, FASDP
Jane Lisko, MD
FAAD, ACMS
Ann McGinn, MD
FCAP, FASDP
J. Daniel Mischke, MD
FAAD
Ann Norland, MD
FAAD
Soheil Pakzad, MD
FAAD
Scott Prawer, MD, MS
FAAD
Steven Prawer, MD
FAAD
Erika Rabeni, MD
FAAD, FASDP
Jack Scott, MD
FAAD
Jeffrey Squires, MD
FAAD, ACMS
Helen Tergin, MD
FAAD
Roger Weenig, MD
FAAD, FASDP

Date:_____

I hereby authorize_____("releaser") to release medical records maintained while I was a patient of _____.

Please release the records to:

_____
(Name)

_____
(Address)

_____
(City, State, Zip)

Please release the following:

☐ Labs ☐ All Medical Records ☐ Special Tests
☐ Maps/Pictures
☐ Other please specify:_____

_____

The use or disclosure (as applicable) is for the following purpose(s):

☐ Personal Record ☐ Transfer of Care ☐ Consult
☐ Insurance Claim ☐ Copy for my Primary Physician
☐ Other_____

Please release medical information on the following member:

_____ *(Print Name)*	_____ *(Date of Birth)*
_____ *(Print Name)*	_____ *(Date of Birth)*
_____ *(Print Name)*	_____ *(Date of Birth)*

I understand that I may revoke this authorization by sending a written request for revocation to releaser's Privacy Officer. If I revoke this authorization, releaser will no longer use or disclose my medical information for the reasons covered by this authorization, except to the extent it has already relied upon this authorization. I understand that when the releaser discloses information pursuant to this authorization, the information may no longer be protected by federal or state privacy rules and may be subject to re-disclosure by the recipient of the information.

_____ _____
(Signature - All patients over 18 of age must sign) *Date*

This consent will end one year from the date the form is signed.