



Authorization for Release of Medical Records

Patient Information

Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

I hereby authorize SkinCare Physicians to release my medical records to:

Name/Organization: _____ Address: _____

Phone: _____ Fax: _____

Information to be released (check all that apply):

- ☐ Complete Medical Record ☐ Pathology Reports ☐ Office Visit Notes ☐ Photos
☐ Lab Reports ☐ Other: _____

This medical record may contain information concerning HIV testing and/or AIDS diagnosis treatment. Separate consent must be given before this information can be released.

- ☐ I do consent to have this information disclosed ☐ I do not consent

Purpose of disclosure:

- ☐ Continuation of Care ☐ Insurance/Payment ☐ Legal ☐ Personal Use ☐ Other: _____

Delivery method:

- ☐ Fax ☐ Mail ☐ Patient Pick-up (photo ID required)

Expiration of authorization:

This authorization will expire on (date or event): _____

If left blank, this authorization will expire 3 months from the date signed.

Patient Rights:

- I understand I may revoke this authorization at any time in writing, except to the extent that action has already been taken.
- I understand that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this form.
- I understand that information disclosed may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.
- I do not have to sign this authorization to receive treatment from SkinCare Physicians
- I understand that the practice may charge applicable fees for the preparation and release of printed medical records requested by third parties (law firms, life insurance companies)

I release SkinCare Physicians from all legal responsibilities and liability that may arise from the release of information authorized by this document.

Signature:

Patient (or Legal Representative): _____ Date: _____

If signed by Legal Representative, relationship to patient: _____

Office Use Only

Received by: _____ Date: _____