

Authorization for Release of Medical Records

I authorize the following protected health information to be released from the medical record of:

LAST NAME (PLEASE PRINT)

FIRST NAME (PLEASE PRINT)

DATE OF BIRTH

PHONE NUMBER

TODAY'S DATE

Release Records from:

Dallas Center for Dermatology and Aesthetics
8201 Preston Rd., Suite 350
Dallas, TX 75225
Office (214)631-7546
Fax (214)631-8546

Release Records to:

Name/Organization

Address

City State Zip

Phone Fax

PLEASE MAIL MY RECORDS PLEASE CALL WHEN MY RECORDS ARE READY FOR PICK UP PLEASE FAX MY RECORDS

→NOTE: A fee of \$30 for the first 20 pages and .50 for each additional page.

Records to be Released:

- OFFICE NOTES PROGRESS NOTES
 LABORATORY REPORTS CONSULTATION REPORTS
 PATHOLOGY REPORTS HIV/AIDS INFORMATION
 ALL OF THE ABOVE
 OTHER: _____

Reason for Release of Information:

- AT THE REQUEST OF THE INDIVIDUAL
 RELEASE TO ANOTHER PHYSICIAN OR HEALTH PROFESSIONAL
 OTHER: _____

I understand that this authorization is valid for six months unless I notify Dallas Center for Dermatology and Aesthetics otherwise. I may revoke this authorization in writing at any time except to the extent that Dallas Center for Dermatology and Aesthetics has already relied on this authorization. I may revoke it by mailing or faxing a written notice to the address/fax number above stating my intent to revoke this authorization. I understand that the records released may include information relating to Human Immunodeficiency Virus (HIV) infection of Acquired Immunodeficiency Syndrome (AIDS); treatment for or history of drug or alcohol abuse; or mental or behavioral health or psychiatric care. I understand my treatment will not be conditioned by my completion of this form. The information will be provided to me within 7 business days of receipt of request.

→NOTE: If mailing or faxing this form, please include a copy of your photo ID.

SIGNATURE OF PATIENT (OR GUARDIAN, IF MINOR)

DATE

STAFF SIGNATURE

DATE

OFFICE
USE
ONLY

Date Received: _____

Date Released: _____

Released by: _____

Notes: _____