Precision Dermatology
13640 N. 99th Ave. #300, Sun City, AZ 85351
(623) 875-2600 Phone/(623) 875-2621 Fax

AUTHORIZATION FOR RELEASE OF RECORDS

I, ____ (Patient name-**please print**) authorize Precision Dermatology to release my medical records which may include information concerning communicable diseases such as HIV, AIDS, mental illness (except psychotherapy notes), chemical/alcohol dependency, laboratory test results, medical history, treatment, billing, insurance or any other such related information. I understand that this authorization is voluntary and I may refuse to sign this authorization. I authorize release of my protected information to:

Doctor/Facility Name: ____

Address: ____

Phone/Fax: ____

Check appropriate requestor category: ____Medical Facility ____ Insurance ____ Attorney ____Patient ____ Other

PLEASE CHOOSE ONE:

- ❑ This authorization is for release of records of my care and treatment for the last _______ years inclusive.
- ❑ Specific Date(s) of Service:____

Disclosure of the information is requested for the purpose of: ______________________________________

____

Patient DOB: _____________________

Patient/Guardian Signature: ____ Date: ________________

Witness's Signature: ____ Date: ________________

EXPIRATION DATE OF THIS AUTHORIZATION: ___________________

For the protection of the patient, this is not a valid release if not witnessed and if not entirely complete. This authorization is valid for 6 months unless revoked in writing. It cannot be revoked retroactively for information already released.

NOTICE TO THE PATIENT: Upon receipt of a HIPAA compliant release, requests may take up to 30 days to process depending on the type of request. There is no charge for a copy of your own medical records. There is a fee for insurance companies and attorneys to be paid in advance by the insurance company or attorney. **If any portion of this authorization is returned incomplete, there will be a delay in the processing of this request until completion.**

I understand that if the recipient authorized to receive the information **is not** a covered entity, e.g. health insurance plan or health care provider, the release of information may no longer be protected by federal and state privacy regulations.