D E R M A T O L O G Y

S P E C I A L I S T S

P. A.

MEDICAL RECORDS RELEASE AUTHORIZATION

I hereby request that my records be released from:

_____
(doctor, clinic or hospital - requesting records)

_____
(address)

_____
(city, state, zip)

* * * I hereby request that my records be released to:

_____
(doctor, clinic , hospital , or individual - requesting records)

_____
(address)

_____Fax #:_____
(city, state, zip)

* * * I hereby authorize and request the release of the complete records in your possession - Specifically:

_____ clinical summary / progress notes
_____ operative notes
_____ laboratory data
_____ pathology reports
_____ phototherapy notes

concerning my illness and/or treatment during the period from _____ through_____.

* * * I am requesting that this information be released for the following purpose:

_____continued care _____insurance claim _____personal use

_____attorney review _____other _____

This will include any information related to HIV, drug and alcohol use, sexually transmitted disease or birth control, and mental health unless specified not to be released. With the exception of psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency and/or AIDS/HIV related illness/testing will be released unless otherwise indicated. I understand that this authorization must be filled out completely and signed in order to be considered valid. A copy or a fax that has NOT been altered will be considered as valid as an original.

PLEASE PRINT AND FILL OUT COMPLETELY:

* * * Name: _____ Maiden Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Signature: _____ Date: _____
(if relative of minor, state relationship)
Witness: _____

This authorization will become part of your permanent medical record and will expire one year from the date signed. Redisclosure Statement: This authorization is specific for the stated physician, clinic or hospital only.

Edina East Professional Building
3316 West 66th Street Suite 200
Edina Minnesota 55435

TELE 952. 920. 3808

FAX 952. 920. 8899