INNOVATIVE
DERMATOLOGY

Authorization to Release Health Care Information

Patient's Name: _____Previous Name_____

Date of Birth: _____ SSN _____

Practice Name: Innovative Dermatology
Doctor's Name: _____

I request and authorize the above listed doctor and practice to release health care information of the patient named above to:

Name: _____

Address: _____City, State: _____ Zip Code: _____

This request and authorization applies to health care information relating to the following treatment, condition, or dates of treatment:

Or _____ All health care information

Or _____ Other: _____

THIS AUTHORIZAITON EXPIRES ON _____; or _____ DAYS AFTER THE DATE IT IS SIGNED; or WHEN THE FOLLOWING EVENT OCCURS

_____

I may cancel this authorization to the extent allowed by law. If I do, I understand that the doctor or practice may have already released information about me after I gave permission. I know that canceling this authorization would not prohibit any release of information by the doctor or practice in reliance on my original authorization.

There are two ways to cancel this agreement. I can:

1. Sign and date a form available from the doctor or practice called "Revocation of Authorization for Use and Disclosure of Health Care Information" or
2. Write a letter to the doctor or practice. If I write a letter, it must say that I was to cancel my authorization to disclose my health care information. My letter must include the name or other specific identification of the person(s) that I no longer want to receive information. I (or my authorized representative) must sign and date the letter.

Once my doctor gives out the information that I want released, I know that my doctor has no control over the information. The individual or organization that I authorized to receive the information might re-disclose it. Federal or state privacy law may no longer protect the information.

_____ _____
Signature of patient or patient's authorized representative Printed Name

_____ _____
Relationship or status if signed by parent, legal guardian, personal representative, etc. Date