DERMATOLOGY ASSOCIATES OF SEATTLE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: _____ Date of Birth: _____

SSN: _____ Previous Name: _____

I request and authorize:

_____ _____
Name Relationship/Business

_____ _____
Address City/State/Zip Code

_____ _____
Phone Number Fax Number

To release health care information of the patient named above to:

_____ _____
Name Relationship/Business

_____ _____
Address City/State/Zip Code

_____ _____
Phone Number Fax Number

Reason for Request – Choose One

☐ Continuing Health Care ☐ Insurance ☐ Attorney ☐ Personal ☐ Other

Request the Following Information – Choose One

- ☐ All Health Information
- ☐ Health Information from _____to _____
- ☐ Specific Health Information about_____

I understand my specific permission to release information about the items listed below is required. Unless initialed, All confidential information will be released.

Sexually Transmitted Diseases and HIV/AIDS _____ Psychiatric Disorders/Mental Illness _____
Alcohol and/or chemical dependency _____ Reproductive Health (including abortion) _____

I may cancel my permission at any time by sending a letter to the person or organization listed above. I know if I cancel my permission it will not affect any information released before my permission was cancelled.

If I do not cancel my permission sooner, I understand this form will expire

- ☐ 90 days from date this is signed or
- ☐ On or before _____, 20_____ or
- ☐ When treatment is complete for a specific health condition. Condition:_____

Once healthcare information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect the information. I have also been notified of the possible charge for records.

Requested by – Choose One: ☐ Patient ☐ Parent ☐ Legal Guardian ☐ Power of Attorney

_____

Signature of patient or patient's authorized representative Date Signed

_____

Print name of requestor (if not patient)

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER THE DATE IT IS SIGNED.
(POSSIBLE COPYING FEE REQUIRED)

Phone: 206-267-2100 Fax: 206-267-2101