HIPAA/Medical Records Release

ARIZONA SKIN INSTITUTE (623) 225-7546

13760 N 93rd Ave, Ste 111
Peoria, AZ 85381

14239 W Bell Rd, Ste 203
Surprise, AZ 85374

Patient Name: _____ Date of birth: _____

I have been informed of Arizona Skin Institute's Privacy Practices and **I authorize** the doctor or facility listed below to provide a complete copy of my confidential medical records.

Name: _____

Address: _____

In addition to the general authorization to release records to the persons or entitles listed above, I authorize the release of the records described as the following:

Communicable disease-related information, including records of testing, diagnosis, or treatment for HIV, HIV-related illness, AIDS, AIDS-related diseases.	☐ Yes	☐ No
Drug and alcohol treatment	☐ Yes	☐ No
Pathology, lab work, photographs	☐ Yes	☐ No
Progress notes, history & physicals	☐ Yes	☐ No

This request covers dates of service: ☐ 2 years prior from last date seen ☐ Other dates: _____

The purpose of this disclosure is: ☐ Change of insurance/physician ☐ Continuation of care ☐ Referral ☐ Other: _____

This authorization is valid for six (6) months from the date of signing and may be revoked at any time by providing written notice of revocation. I understand I cannot revoke this authorization retroactively for information already released.

I understand that if the person or entity that receives this information is not a health plan or health care provider covered by federal privacy regulations, the released information may be re-disclosed by the recipient and may no longer be protected by federal law.

I understand that I may refuse to sign this authorization and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan, or eligibility for benefits.

_____ _____

Signature of Patient or Legally Authorized Representative *Signature of Witness*

_____ _____

Printed Name of Patient or Legally Authorized Representative *Printed Name of Witness*

_____ _____

Description of Legal Authority *Date*

Please fax to (623) 225-7548