

Dermatology & Skin Cancer Center, P.C.
798 Hausman Road, Suite 310
Allentown, PA 18104
Phone: (610) 432-0200 Fax: (610) 432-0202

AUTHORIZATION FOR RELEASE
OF MEDICAL RECORDS

Patient Name	Date of Birth	Medical Record #
Address	Telephone Number	Social Security #

Disclosed Information (check all items to be released)

- All Records
 Pathology Reports
 Lab Reports
 Photos
 Medication Records

Covering the period(s) of care _____

I would like these records:
 Printed to Paper
 Faxed
 Copied to CD
 Electronic Transfer

If records are not faxed or done by electronic transfer, the records will be:
 Mailed
 Patient Pick-up

I HEREBY AUTHORIZE DERMATOLOGY & SKIN CANCER CENTER, P.C. TO:

- RELEASE TO**
OR
 RECEIVE FROM

Name of Person or Facility	
Address	
City/State/Zip Code	Telephone Number

Purpose/Use of the Requested Information

- Personal use by patient
 Sharing with other health care providers
 Other (please describe)

Authorization

I hereby authorize Dermatology & Skin Cancer Center, P.C. ("DSCC") to disclose/request the health information described above.

NOTE: If these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, or sexually transmitted disease, you are hereby authorizing disclosure of this information.

I understand that I may revoke this authorization at any time. I understand that to revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. If not previously revoked, this authorization expires one (1) year from date of authorization.

DSCC will charge for copying records in accordance with Pennsylvania law. Medical records shall be processed within thirty (30) days after we have received your request.

Signature of Patient or Personal Representative	Print Name	Date
Relationship of Personal Representative to Patient (If signed by other than patient)		Date

Note to recipient of information: This information has been disclosed to you from the records protected by Pennsylvania Law. Pennsylvania Law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.