Northeast Dermatology
925 North Hamilton Road, Suite 100
Gahanna, Ohio 43230
Tel. (614) 473-9519
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Authorization for Release of Medical Records

Patient Name:_____ Date of Birth:_____

- ☐ Release medical records to
- ☐ Obtain medical records from

Physician/Practice Name: _____

Address: _____

Fax: _____Phone:_____

Please release the following medical information regarding care and treatment from the following dates:

- ☐ All Dates of Service
- ☐ Specific Dates of Service_____ to _____

Records Requested:

- ☐ All records
- ☐ Pathology Reports
- ☐ Laboratory Reports
- ☐ Other:_____

Purpose of Disclosure:

- ☐ Personal Records (If to self only)
- ☐ Mutual Patient
- ☐ Transfer of Care
- ☐ Other:_____

I hereby authorize Northeast Dermatology and its employees to release the designated information contained in my patient record. I understand and acknowledge that this authorization extends to all or part of the information designated above, which may include treatment for physical and mental illness, alcohol, and/or drug abuse, HIV/AIDS test results and/or that a test was performed, photo(s) if applicable. I expressly consent to the release of information designated above. I understand that this authorization is valid for 60 days, unless revoked by my written notice, provided said notice is received prior to release of the above designated information. The revocation of this authorization is effective except as indicated in Northeast Dermatology's Notice of Privacy Practices. Information released by this authorization may no longer be protected by federal privacy rules, such as HIPAA. I understand that Northeast Dermatology cannot condition my treatment or payment for health care on this authorization unless the treatment is research-related or the care was provided solely to provide information for a third party. There will be a charge for medical records according to Ohio law 3701.741.

_____

SIGNATURE OF PATIENT (Parent/Guardian if under 18 years old or POA) **DATE**

_____

RELATIONSHIP TO PATIENT (If under 18 years old or POA)