BAKERSFIELD DERMATOLOGY & SKIN CANCER MEDICAL GROUP

Phone: 661-327-3756 Fax: 661-327-2332

AUTHORIZATION FOR RELEASE AND/OR DISCLOSURE OF MEDICAL INFORMATION

Please **REQUEST** Medical Information **FROM**:

Name of Health Care Provider

Name of Medical Office/Hospital

Street Address

City, State and Zip Code

Please **SEND** Medical information **TO:**

Name of Person or Entity to Receive Information

Title (Physician)

Street Address

City, State and Zip Code

I hereby authorize Bakersfield Dermatology to release and/or disclose the medical information as indicated below to the health care provider or person I have indicated above. Bakersfield Dermatology is hereby authorized to release and/or disclose records and information regarding:

Name of Patient | Medical Record # | D.O.B.

Street Address | City, State and Zip Code | Telephone #

INFORMATION TO BE RELEASED: All records / Pathology / Laboratory / Chart Notes / Specific:

Type of treatment: _____

Date(s) of treatment: _____

DURATION: This authorization shall become effective immediately and shall remain in effect until _____ or for one year from the date of signature if no date entered.

REVOCATION: This authorization may be revoked in writing by the undersigned at any time prior to the release of information from the disclosing party. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

RE-DISCLOSURE: I understand that the requestor may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

I request that the health information released and/or disclosed pursuant to this authorization be used for the following purposes only (circle all that apply): Healthcare / Insurance / Personal.
A copy of this authorization is valid as an original. I have the right to receive a copy of this authorization. The copy is for me to keep.

Date | Signature of Patient or Patient's Representative | Relationship to Patient