



# DERMATOLOGY & LASER

ASSOCIATES OF MEDFORD, LLP

## **AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

1. I hereby authorize \_\_\_\_\_  
to use/disclose the protected health information described below to \_\_\_\_\_.
2. Description of information to be released:  
 Medical                                       Pathology/Laboratory                                       Dental  
 Mental Health                                       Substance Abuse/Alcohol                                       HIV  
 Communicable Disease                                       Psychotherapy Notes                                       Genetic Testing  
 Other (please specify): \_\_\_\_\_  
For the following dates of service: from \_\_\_\_\_ (date) until \_\_\_\_\_ (date).
3. Description of Purpose for the Use or Release of Information. Indicate how the information is to be used:                       Health Care                       Personal Use                       Legal  
 Other (please specify): \_\_\_\_\_
4. This authorization for release of the above information to the above-named persons/entity will expire on \_\_\_\_\_ (date or event – if not specified it will expire in 180 days).
5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
6. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.
7. I understand that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by federal or state law.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Date