



RICHMOND
DERMATOLOGY

Authorization for Release of Medical Records

Patient Information:

Patient Name:	
Date of Birth:	Previous Name:
Street Address:	
Home: ()	Cell: ()

I hereby authorize Richmond Dermatology to (Please check one below)

- ☐ RELEASE my medical records to
☐ OBTAIN my medical records from

Name of Facility/Provider/Person:	
Street Address:	
Phone: ()	Fax: ()

Information to be released (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> All medical records | <input type="checkbox"/> Medical records from _____ to _____ |
| <input type="checkbox"/> All office visit notes | <input type="checkbox"/> Office visit notes from _____ to _____ |
| <input type="checkbox"/> All Labs/Pathology reports | <input type="checkbox"/> Labs/Pathology reports from _____ to _____ |

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 90 days from the date of signature. I understand that the information used or disclosed may be subject to re-disclosure by the person or facility receiving it and would then no longer be protected by federal regulations. I need to not sign this form in order to assure treatment.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present a written revocation to the health information management department. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Patient signature (or parent/guardian/representative)

Date

PLEASE ALLOW 7-10 BUSINESS DAYS AFTER RETURNING THIS COMPLETED FORM FOR RECORDS TO BE RELEASED

Copying fees for records provided by Richmond Dermatology are as follows:

\$0.00 Obtaining records yourself through the patient portal. Please call the office for your login information.

\$10.00 Processing fee (applies to both mailed and electronically sent records)

Additional \$10 if paper records are pulled

Mailed Records

\$0.50 First 50 pages

\$0.25 Each additional page over 50

Electronically Sent Records

\$0.37 First 50 pages

\$0.18 Each additional page over 50

Max charge of \$150 for mailed or electronically sent records