



Authorization for Release of Medical Records

Patient Name: _____

Date of Birth: _____ Previous Name: _____

Home: ()

Cell: ()

Records Released FROM:
Physician or Facility
Address
City, State, Zip
()
Phone Number
()
Fax Number

Records Released TO:
Physician or Facility
Address
City, State, Zip
()
Phone Number
()
Fax Number

Information to be released

<input type="checkbox"/>	Complete Health Record	<input type="checkbox"/>	Complete Record _____ to _____
<input type="checkbox"/>	Labs/Pathology Only	<input type="checkbox"/>	Labs/Pathology _____ to _____
<input type="checkbox"/>	All Office Visit Notes	<input type="checkbox"/>	Office Visit Notes _____ to _____

I am moving care to the above practice and would like all future appointments at Richmond Dermatology cancelled. Y N

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.

Signature of Patient/ Parent/Guardian/ Representative

Date

** Please allow 7-10 Buisness 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

Electronically Sent Records

\$0.50 First 50 pages

\$0.37 First 50 pages

\$0.25 Each additional page over 50

\$0.18 Each additional page over 50

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