

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

I, _____

(First) (Middle) (Last) (Maiden/Other name)

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

PHONE#: _____ ADDRESS: _____

CITY, STATE, ZIP CODE: _____

If requesting records for your own file there is a FLAT FEE of \$6.50. (This includes paper, e-mailing & flash drive requests.)

Do you want medical information in an electronic format? Yes No

If yes which format would you like?

E-mail (For your secure e-mail we use Email Encryption service, Sendinc. but please understand your risks involved.) E-mail address: _____

Flash Drive, you can bring us your own newly packaged flash drive or we can provide one.

If no please fill out the below mailing information. If faxing please include fax number.

Hereby authorize and request records to be sent to:

Records sent from:
Advanced Dermatology & Mohs Surgery
Sharon L. Horton, M.D.
1049 E. Wilson St., Ste 190
Batavia, IL 60510
P#:(630)482-3700 F#:630-761-8724

THE AUTHORIZATION APPLIES TO THE FOLLOWING INFORMATION:

All records Office notes Laboratory History/Physicals HIV Results

Other (please specify) _____

Information in selected above may be released from date: _____ to _____

Are you leaving the practice? Yes No

The purpose of this release is for:

Consult (second opinion) Requested for Governmental Agency Attorney
 Dissatisfied with practice (Dept.of Rehab, Social Security, etc.) Insurance Claim
 Dissatisfied with the Physician Relocating out of the area
 Insurance underwriting Change of Insurance

Comments:

Expiration Notice: I understand that this authorization shall expire, without express revocation, when processing of this request is completed.
Revocation: This authorization will be considered valid for 60 days from the date signed. Revocation of this authority may be given at anytime via written notice to Advanced Dermatology and Mohs Surgery office. Any revocation will have no effect on disclosures made prior thereto.

Signature

Date

Relationship if other than patient–Parent/Legal Guardian