



10777 Nall Ave, Ste 220
Overland Park, KS 66211
(913) 469-0110
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Patient Authorization for Release of Protected Health Information

By signing this authorization, I authorize Dermatology Consultants Midwest to use and/or disclose certain protected health information about me to or for the party or parties listed below.

This authorization permits Dermatology Consultants Midwest to use or disclose to the party or parties listed below the following individually identifiable health information (specifically describe the information to be released, such as date(s) of service, level of detail to be released, origin of information, etc.)

Please release the health information described above to: _____
(provide name and address or phone number)

When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Dermatology Consultants Midwest has acted in reliance upon this authorization. My written revocation must be submitted to Dermatology Consultants Midwest's Privacy Officer at 10777 Nall Ave, Suite 220, Overland Park, KS 66211.

Signed by: _____

Relationship to Patient

Patient's Name (please print)

Date

Patient's Date of Birth