

10777 Nall Ave, Ste 220 Overland Park, KS 66211 (913) 469-0110 Fax (913) 469-6579

Patient Authorization for Release of Protected Health Information

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

This authorization permits the party or parties listed below to use or disclose to Dermatology Consultants Midwest 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.)

Party or parties you are requesting records from:

(provide name and address or phone number)

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