

REN Dermatology & LASER CENTER

HIPAA Release Form

This release will expire 12 months after signature date. Release will remain in effect for 12 months until terminated by me (or child's parent/guardian) in writing.

Must be 18 or older to fill out HIPAA release Form

Patient Name: _____

Date of Birth: _____ / _____ / _____

❖ **May we release records to other Doctors office's:** No Yes - If yes, please list information below

Doctor's Name: _____

Clinic Name: _____

Phone: _____ / _____ / _____

❖ **Phone Messages:**

Please call: (phone number) _____ / _____ / _____

- **Do Not leave messages on phone mailbox**

If unable to reach:

- You may leave a detailed message *(detailed messages can only be left on voicemails that identify patient name)*

- Please leave a message only asking to return your call

❖ **Release of Information** - I authorize the release of information including the diagnosis, records, examination results, medication dose changes, and claims information.

This information may be released to:

Name: _____ Phone Number: _____ / _____ / _____ Relationship: _____

Name: _____ Phone Number: _____ / _____ / _____ Relationship: _____

Information is NOT to be released to anyone other than me- *I **DO NOT** authorize the release of information including the diagnosis, records, examination results, medication dose changes, and claims information.*

Signature: _____ **Date of Signature:** _____ / _____ / _____

Print Name: _____

❖ **For Treatment of Minor (Required for Minor Treatment Only)** - Parent/Guardian's authorization to release information including the diagnosis, records, examination results, medication dose changes, and claims information.

This information may be released to:

Mother's Name: _____ Phone Number: _____ / _____ / _____

Father's Name: _____ Phone Number: _____ / _____ / _____

(Optional): Name: _____ Phone Number: _____ / _____ / _____ Relationship: _____

Signature (Parent/Guardian): _____ **Date of Signature:** _____ / _____ / _____

Print Name: _____ **Relationship to Child:** _____