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7500 Iron Bar Lane, Ste 215
Gainesville, Virginia 20155
571-261-1234 (main)
571-261-2235 (fax)
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Medical Records Release Form

Patient Information:

At my request, please release the requested information to Prince William Dermatology at 7500 Iron Bar Lane Suite 215, Gainesville, VA 20155. Phone: 571-261-1234 **Fax: 571-261-2235**

Name of patient _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

____ Entire record ____ Office Visit Notes ____ Financial records

____ Pathology reports ____ Lab reports ____ Operative reports for surgeries

____ Other _____

for dates of service _____ to _____

Entity or person who is to release the information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Patient Rights:

I have the right to revoke this authorization at any time. Revocation is not effective in cases in which the information has already been disclosed

I may request a copy of the protected health information to be disclosed as described in this document. A records copying fee may be applicable.

Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by state of federal law.

I may refuse to sign this authorization and my treatment is not conditioned on signing.

_____ _____

Signature of patient or Personal Representative **Date**

_____

Relationship to Patient