DERMATOLOGY ASSOCIATES OF VA, PC

PATIENT AUTHORIZATION FOR REQUEST OR RELEASE OF MEDICAL RECORDS OF PROTECTED HEALTH INFORMATION

Patient Name:_________________________________Date of Birth:____________________

Address:____
Street City Zip Code

I authorize Dermatology Associates of Virginia to OBTAIN or RELEASE (Circle One) protected health information about me FROM or TO:

____
Name

____
Address

____
City State Zip Code

The following individually identifiable health information about me: (indicate dates of service)

□Office Notes___________________________ □Complete Record___________________________
□Pathology Reports______________________ □Labwork________________________________

□Other____

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 the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at: **DERMATOLOGY ASSOCIATES OF VA,** 301 Concourse Boulevard, Suite 190, Glen Allen, VA 23059.

Signed by:______________________________ ______________________________
Signature of Patient or Legal Guardian Relationship to Patient

Date: _________________________________ Chart#_________________________

Note: The entity you are requesting records from may charge you a fee to release these records

Patients requesting medical records to be sent directly to them will be charged $0.50 per page copying fee and the cost of postage

Please check office location you would like your records sent to if applicable

□ 5421 Patterson Avenue Richmond, VA 23226 Phone: (804) 285-2006 Fax: (804) 285-2799	□ 201 Concourse Blvd, Suite 110 Glen Allen, VA 23050 Phone: (804) 549-4025 Fax: (804) 549-4028
□ 10800 Midlothian Turnpike, Suite 309 Richmond, VA 23235 Phone: (804) 794-2307 Fax: (804) 794-2945	□ 280 Charles H. Dimmock Parkway, Suite 4 Colonial Heights, VA 23834 Phone: (804) 526-7364 Fax: (804) 526-7394