

# DiPreta Dermatology

Brunswick/Camden/Jesup/Mohs Surgery & Skin Cancer Center

3008 East Park Ave, Brunswick, GA 31520-4241

(912) 265-2142 Fax (912)265-0530

Edward DiPreta, MD Eric Seymour, PA-C Natasha Rozman, NP-C Travis Young, NP-C Sarah Young, PA-C

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(PHI Use and Disclosure)

I authorize and request the staff and providers at DiPreta Dermatology, dba for Edward DiPreta, MD, P.C., to disclose the following protected health information (PHI):

### PHI (Check ALL that Apply):

☐ All Records **Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Labs ☐ Pathology Reports ☐ Surgical Procedures

☐ Other: \_\_\_\_\_

### Release to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**PURPOSE OF RELEASE:** (e.g. moving, cancer policy) \_\_\_\_\_

**DELIVERY METHOD and DATE PREFERRED/NEEDED:** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Mail ☐ Fax ☐ I will pick up on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ office ☐ Other: \_\_\_\_\_

**This authorization is effective through (Check one):**

☐ \_\_\_\_/\_\_\_\_/\_\_\_\_ or ☐ **Expires 1 year from date signed.** This authorization may be revoked anytime within that 1 year in writing to the address above.

By Signing, I understand that information that is disclosed under this authorization may be disclosed by the recipient, as such the privacy of this information may not be protected under the Federal Privacy Rule depending on whom the information is disclosed to after release. Disclosure method and address is determined and the accuracy of the patient not the office. I understand that my authorization is not required as a condition to receive treatment, payment or enrollment or eligibility for benefits

Patient: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 of SS# \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient (18 older) or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

2020 HIPAA Privacy (Office Staff Only)

Form updated

11/2020

Office Location: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Handled/Sent by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ Acct# \_\_\_\_\_