

**PATIENT AUTHORIZATION
FOR RELEASE OF INFORMATION**

- Bart Endrizzi, MD, PhD*
FAAD, ACMS
- Frederick Fish, MD*
FAAD, FACP, ACMS
- Jeffrey Freed, MD*
FAAD
- Holly Hanson, MD, MHA*
FAAD
- Ngo Hien, MD*
(in memoriam)
- Susan Humphreys, MD*
FAAD
- Steven Kempers, MD*
FAAD
- Bailey Lee, MD*
FAAD
- Jane Lindholm, MD*
FAAD, FASDP
- Jane Lisko, MD*
FAAD, ACMS
- J. Daniel Mischke, MD*
FAAD
- Ann Norland, MD*
FAAD
- Shane O’Neil, MD*
FAAD
- Soheil Pakzad, MD*
FAAD
- Scott Prawer, MD, MS*
FAAD
- Steven Prawer, MD*
FAAD
- Jeffrey Squires, MD*
FAAD, ACMS
- Roger Weenig, MD*
FAAD, FASDP

Patient Name: _____ **Date of Birth:** _____

Please release my records from: _____

Please release the records to: _____

(Name)

(Address)

(City,State,Zip)

Fax Number (For patient care only)

Please release the following:

Last Visit and Corresponding Pathology Report(s)

Current Medical Record (we will release 1 year’s worth of most recent records)

Pathology Report(s) only Maps/Picture(s) Lab(s)

Other (please specify dates): _____

All records pertaining to psychiatric/mental health, chemical dependency and/or AIDS/HIV related illness/testing will be released. Please initial here if you **DO NOT** authorize these records to be released: _____

For the following purpose(s):

Personal Record Continuing Care Consult

Insurance Claim Insurance Application Seeing other provider

Other _____

This authorization will end one year from the date signed. I understand that I may revoke this authorization in writing at any time. A copy of this authorization will be treated in the same way as the original. Associated Skin Care Specialists cannot prevent redisclosure of your information by the entity who receives your records under this authorization and your information may no longer be protected by the Federal HIPAA Privacy Rule after release. By signing, I authorize the named above to use and/or disclose certain protected health information (PHI).

Signature of Patient or Legal Representative

Date

Authority to act on behalf of patient (attach document)

**New Brighton -
Administrative Office**
 119 - 14th Street NW
 Suite 240
 New Brighton, MN 55112

Blaine
 11107 Ulysses Street NE
 Suite 200
 Blaine, MN 55434

Fridley - Unity
 500 Osborne Rd NE
 Suite 330
 Fridley, MN 55432

Coon Rapids
 3833 Coon Rapids Blvd
 Suite 280
 Coon Rapids, MN 55433

Eden Prairie
 18315 Cascade Dr
 Suite 150
 Eden Prairie, MN 55347

Maple Grove
 9600 Upland Ln N
 Suite 250
 Maple Grove, MN 55369