

**Absolute Dermatology & Skin Cancer Center**

5207 Hickory Park Drive, Suite A, Glen Allen, VA 23059  
7300 Ashlake Parkway, Suite #102, Chesterfield, VA 23832  
T: (804) 326-4448 F: (309) 326-4947  
www.absolutedermva.com

**Authorization for Release of Medical Information**

I hereby authorize the use of disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

**Patient Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_

**Authorizes:**

Medical Practice/ Physician \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**To Disclose to:**

- ☐ Send to: Name of Health Care Provider/ Plan/ Other: Absolute Dermatology
- ☐ By Mail (Address): 5207 Hickory Park Drive, Suite A, Glen Allen, VA 23059
- ☐ By Mail (Address): 7300 Ashlake Parkway, Suite #102, Chesterfield, VA 23832
- ☐ By Fax (Number) 309- 326- 4947 ☐ By Email (Address): \_\_\_\_\_

**Information to be Released:**

- ☐ Progress Notes ☐ Pathology/Lab Report(s)
- ☐ Other: \_\_\_\_\_

Release records from 2015 to the present; or \_\_\_\_\_.

I understand that once this information is released by Absolute Dermatology, PC, the information may be subject to redisclosure by the party receiving the information and may no longer be protected by federal or state law.

This authorization will expire in 90 days after it has been signed.

Signature of Patient/ Legal Guardian (form must be completed before signing)  
Parent/Guardian signature required for minor (less than 18 years of age)

Date \_\_\_\_\_

Relationship to patient (if other than self): \_\_\_\_\_

Printed name of Authorized Representative: \_\_\_\_\_

**OFFICE USE ONLY:**

- ☐ Signature verified
- ☐ Verified photo ID of parent/ legal guardian if applicable

Employee initials: \_\_\_\_\_