

# North Pacific Dermatology, a medical corporation

4715 Valley East Blvd., Suite 3 Arcata, CA 95521 • 1575 South Railroad Ave., Crescent City, CA 95531  
(707)822-3376 Fax(707)822-5053 (707)464-8335 Fax(707)464-8339

## MEDICAL RECORDS RELEASE FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

Signature of Patient/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

I, hereby authorize,

**NORTH PACIFIC DERMATOLOGY, a medical corporation**

- ☐ ☐ Complete Medical Record  
☐ Biopsy Report(s)  
☐ Lab Report(s)  
☐ Other: \_\_\_\_\_

☐ **OTHER:** \_\_\_\_\_

Phn.# \_\_\_\_\_ FAX# \_\_\_\_\_

To release copies of any medical information pertaining to my medical care and treatment, such release may include, but not limited to, diseases such as hepatitis, gonorrhea and the human immunodeficiency virus also known as AIDS.

**These copies may be released to:**

Check one:

- ☐ **North Pacific Dermatology, a medical corporation**  
**4715 Valley East Blvd., Ste. 3 • Arcata, CA 95521**  
1575 South Railroad Ave. • Crescent City, CA 95531

☐ **OTHER:** \_\_\_\_\_

Phn.# \_\_\_\_\_ Fax# \_\_\_\_\_

Note: Regarding fax transmissions, these documents may contain confidential health information that is privileged and legally protected from disclosure by the Health Insurance Portability and Accountability Act (HIPPA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in the facsimile is strictly prohibited. If you have received this information in error, please notify the sender immediately at (707)822-3376 and destroy this facsimile.

**PLEASE ALLOW 72 HOURS FOR PROCESSING YOUR RECORDS**