



Authorization To Obtain Or Release Medical Records

To the Records Custodian:

Patient Name: _____

Date of Birth: _____

I do hereby authorize and direct Mountain Dermatology Specialists, PC to obtain/release:

- All Medical records
- Photographs
- Pathology reports
- Tissue Slides (released to a physician only, and must be returned)
- Other: _____

Under the HIPAA Final Privacy Rule, physician may disclose patient protected health information (PHI) to another covered entity for purpose of treatment, payment, and health care operations.

The regulations under Section 164.506 C (4) reads as follows:
"A covered entity may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the protected health information requested."

Name of Physician/facility _____

- Medical records released to patient.
- Sent By: Fax Mail Pick up

Patient signature

Date