



Authorization to Request Information

I hereby authorize Prestige Dermatology to request my individually identifiable health information as described below, which may include information concerning communicable diseases such as Human Immunodeficiency Virus ("HIV") and Acquired Immune Deficiency Syndrome ("AIDS"), mental illness (except for psychotherapy notes), chemical or alcohol dependency, laboratory test results, medical history, treatment, or any other such related information. I understand that this authorization is voluntary and I may refuse to sign this authorization.

I understand that my records may be subject to disclosure by the recipient, and may no longer be protected by federal privacy regulations.

Print Patient Name

Date of Birth

I authorize you to release the following specified protected health information to:

Prestige Dermatology
621 SW Johnson Ave. Suite C | Burleson, TX 76028 | Office: (817) 766 – 7421 | Fax (817) 447 – 8100
3629 Western Center Blvd. Suite 211 | Fort Worth, TX 76137 | Office: (817) 766 – 7422 | Fax (817) 847-5200
1100 Orchard Dr. Suite B | Arlington, TX 76012 | Office: (682) 712 – 0100 | Fax (817) 303 – 2700
320 Hawkins Run Rd. Suite 1 | Midlothian, TX 76065 | Office: (469) 758-4800 | Fax: (972)775-4567

From the health records f:

Name of physician/facility/entity: _____

Street Address

City, State, Zip Phone Number Fax Number

Check all protected health information that may be released:

- All Medical Records
- Patient Notes
- Visit Notes
- Path Reports
- Lab Reports
- Procedure Reports
- Medical History
- Other _____

Dates may range:

From: _____

To: _____

Purpose of disclosure:

- Medical Care
- Insurance
- Attorney
- Other _____
- At the request of the patient

I understand that this authorization will expire by law 180 days from the date of this authorization.

Signature of Patient or Patient's Representative

Date

Printed Name of Patient's Representative

or

Legal Authority (attach supporting documents)

Relationship to Patient

Prestige Dermatology Representative

