DR MONICA SCHEEL
DERMATOLOGY
Expert and Personalized Skin Care

Refresh BY DR. MONICA

Expert and Personalized Skin Care

Kailua Kona: (808) 329-1146
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DrMonicaScheel.com

AUTHORIZATION TO RELEASE MEDICAL RECORDS

_____
Patient's Full Name

_____ _____
Address Date of Birth

_____ _____
City, State, Zip Code Telephone Number

1. I hereby request access to the protected health information in my health record from (date) _____ to _____ (date) maintained or created by Dr. Monica Scheel Dermatology.
2. The following person (or class of persons) may receive disclosure of protected health information about me:

_____
Name

_____ _____
Address Telephone Number

_____ _____
City, State, Zip Code Fax Number

- ○ Complete Medical Record
- ○ Lab Report(s)
- ○ Allergy Test/Treatment
- ○ Other:

_____

- ○ Biopsy Report(s)
- ○ Medication Prescribed
- ○ Surgical Procedures

UNLESS YOU INITIAL HERE, NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL BE DISCLOSED: YES, DISCLOSE THIS INFORMATION *_____ OR NO, DO NOT DISCLOSE *_____

3. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

4. I may revoke this by notifying Dr. Monica Scheel Dermatology in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
5. My purpose/use of the information is for _____
6. This authorization expires one (1) year from the date of signature.

FEES FOR COPIES: Dr. Monica Scheel Dermatology charges $0.50 per page (pages 1-25), $0.25 per page (26+) plus a $25.00 search fee for the copying of patient records.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING – note that signature or initial is required in two places. *

_____

Signature of Individual, Guardian, or Representative of Patient's Estate *

_____ _____

Relationship to Patient Date of Signature