DERMATOLOGY ASSOCIATES OF VA, PC

PATIENT AUTHORIZATION FOR REQUEST OR RELEASE **OF MEDICAL RECORDS OF PROTECTED HEALTH INFORMATION**

Patient Name:_____Date of Birth:_____

Address:_____
Street City Zip Code

I authorize Dermatology Associates of Virginia to OBTAIN or RELEASE (Circle One**)** protected health information about me FROM or TO:

_____
Name

_____
Address

_____
City State Zip Code

The following individually identifiable health information about me: (indicate dates of service)

□Office Notes_____ □Complete Record_____
□Pathology Reports_____ □Labwork_____

□Other_____

When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer, Rachel Downey at: **DERMATOLOGY ASSOCIATES OF VA,** 201 Concourse Boulevard, Suite 200, Glen Allen, VA 23059.

Signed by:_____ _____
Signature of Patient or Legal Guardian Relationship to Patient

Date: _____ Chart#_____

Note: The entity you are requesting records from may charge you a fee to release these records

Patients requesting medical records to be sent directly to them will be charged $0.37 per page copying fee for the first 50 pages, $0.18 per page for remaining pages, and the cost of postage

Please check office location you would like your records sent to if applicable

□ 6946 Forest Avenue, Suite 200 Richmond, VA 23230 Phone: (804) 285-2006 Fax: (804) 285-2799	□ 201 Concourse Blvd, Suite 110 Glen Allen, VA 23050 Phone: (804) 549-4025 Fax: (804) 549-4028	□ 10800 Midlothian Turnpike, Suite 310 Richmond, VA 23235 Phone: (804) 939-6191 Fax: (804) 464-4288
□ 10800 Midlothian Turnpike, Suite 309 Richmond, VA 23235 Phone: (804) 794-2307 Fax: (804) 794-2945	□ 280 Charles H. Dimmock Parkway, Suite 4 Colonial Heights, VA 23834 Phone: (804) 526-7364 Fax: (804) 526-7394	□ 7016 Lee Park Road, Suite 100 Mechanicsville, VA 23111 Phone: (804) 730-2652 Fax: (804) 559-3067