MDCS

Metropolitan Dermatology
& Cutaneous Surgery

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

*Please complete all sections legibly. Incomplete forms may result in delay or denial of this request.*

1) Patient Information:

Name: _____ Previous Name(s): _____

Address: _____ Date of Birth: _____

_____ Phone: _____

**2) I am requesting that health information be ☐ Sent to:**

*I hereby authorize, and request that the above facility/provider releases copies of my medical information that are created and maintained by their facility to:*

Physician/Facility/Attorney/Insurance: _____

Address: _____ City: _____ State: _____ Zip: _____---_____

Phone: _____ Fax: _____ Additional Info: _____

**3) Information to be released:**
**IMPORTANT: All information within file will be released**

**4) Reason for Releasing Information:**

☐ Continuation of Care ☐ Legal ☐ Patient's Personal Use ☐ Other:

☐ Insurance ☐ Disability ☐ Change of Healthcare Provider

I would like to receive my records by:

☐ Pick Up ☐ Mail: *(postage prepayment may apply)*

I hereby authorize MDCS or its' record custodian to release the information marked above. I understand I need not sign this form in order to assure treatment or payment. I understand that upon release, this health information is no longer protected by MDCS and has the potential to be re-disclosed by the recipient. I understand there may be a charge for my records per Minnesota Statute 144.292.
Revocation: I understand that this authorization will be valid for 12 months from the date signed to release any records created up to the date of signature. Any records created after the date of this authorization will require a new authorization. I understand that I may cancel this authorization, by sending a written request for cancellation to MDCS or its' record custodian, and that the cancellation will take effect when MDCS or its custodain receives my written notice.

6) Signature of Patient/Guardian*: _____ Date: _____

**If not signed by patient, please send copies of legal documentation of representation*

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