



Northern Arizona Dermatology Center

Sedona

95 Soldiers Pass Rd., Ste C-2
Sedona, AZ 86336
Phone: 800-469-5074
Fax: 928-779-0884

Flagstaff

1490 N. Turquoise Drive
Flagstaff, Arizona 86001
Phone: 928-774-5074
Fax: 928-779-0884

Cottonwood

450 S. Willard St., Ste 115
Cottonwood, AZ 86326
Phone: 928-639-9596
Fax: 928-639-0189

Medical Records Authorization Form for Release of Records FROM Northern Arizona Dermatology Center, P.C.

By signing this authorization, I authorize Northern Arizona Dermatology Center, P.C. to release the following records:

_____ Complete Medical Records _____ Biopsy Report(s) _____ Lab Report(s)

_____ Other: _____

For Date of Service(s): _____ to _____ OR All Dates

SEND requested Records to *(Please print name, address, phone #, fax # of the physician/person you want records to be released to):*

This authorization will expire on _____ or one year from the date this authorization is signed.
(Specific Date)

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 HIPPA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Northern Arizona Dermatology Center has acted in reliance upon this authorization. My written revocation must be submitted to Northern Arizona Dermatology Center's Privacy Officer at 1490 N. Turquoise Dr., Flagstaff, AZ 86001.

Patient Name *(please print)*: _____ Date of Birth: _____

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

Phone Number: _____

Signature of Patient/Guarantor: _____ Date: _____

If patient is under 18 years old, Print name of guarantor: _____

Relationship to patient: _____

Witness: _____ Date: _____