DERMATOLOGY
— & Skin Cancer —
SURGERY CENTER
an affiliate of
PREFERRED DERMATOLOGY

MEDICAL RECORD RELEASE

Please note: if the records requested are to be mailed or picked up in person, complete record must be less than 25 pages. If the record is over 25 pages patients are required to use the **patient portal**. No release is required when accessing records by patient portal – please go to **www.mdbarrows.com** and choose **patient resources** to access the patient portal.

Patient Name: _____ DOB: _____ Last 4 of SSN: _____

**Reason for release (REQUIRED): _____

RELEASE RECORDS FROM:

☐ DERMATOLOGY & SKIN CANCER SURGERY CENTER

(OR PROVIDE ALL INFORMATION BELOW FOR WHO TO RELEASE **FROM**)

Name of Facility / Provider: _____ Phone: _____

Full Address: _____

Fax: _____ E-mail _____

RELEASE RECORDS TO:

☐ DERMATOLOGY & SKIN CANCER SURGERY CENTER
☐ SELF (PATIENT OR GUARDIAN OF PATIENT)

(OR PROVIDE ALL INFORMATION BELOW FOR WHO TO RELEASE **TO**)

Name of Facility / Provider: _____ Phone: _____

Full Address: _____

Fax: _____ E-mail _____

How would you like the above party to receive your records? (Circle one and specify below)

Fax Mail (Max 25 pages) Pick-up (max 25 pages) E-mail

Please release the following:

- ☐ Complete Medical Records (ALL DATES OF SERVICE)
- ☐ Lab Reports (ALL DATES OF SERVICE)
- ☐ Other (SPECIFY): _____
- ☐ Specific dates of service only: _____ to _____

I understand that this information may include information on STDs, AIDS, HIV, mental health, and alcohol/drug abuse. I understand that the information released is for the specific purpose stated above. Any other use of this information without patient/guardian written consent is prohibited. If additional release is requested I will be required to complete a medical release each time records are requested after today's date. Medical records may take up to 14 days to be ready for release and may only be released by the Medical Records Department of Dermatology & Skin Cancer Surgery Center.

_____ _____ _____
Signature of Patient / Guardian Relation to Patient Date

ELECTRONIC SIGNATURES ARE NOT ACCEPTED – UPON COMPLETION, PLEASE E-MAIL THIS RELEASE TO MEDICALRECORDS@MDBARROWS.COM OR FAX (972) 984-7988