Goldstein
Dermatology & Medical Laser Center

67 Union Street, Suite 501
Natick, MA 01760

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Jay A. Goldstein, M.D.
67 Union Street Suite 501
Natick, MA 01760
Phone 508-655-0525 / Fax 508-647-0960

Please complete this form thoroughly. Your medical records cannot be released until this form is completed and signed by the patient or legal guardian. A photo I.D. is required to confirm patient identity.

TODAYS DATE: ____

STEP 1: INFORMATION ABOUT YOU:

Patient Name: ____
Date of Birth: ____
Address: ____
Street City State Zip
Phone Number: Alternate Phone:____

STEP 2: TO WHOM DO YOU WISH TO RELEASE YOUR RECORDS? PLEASE PRINT

I authorize release of all of the following information unless specifically checked below:

_____Complete Health Records _____Laboratory Reports_____Pathology Reports _____Progress Notes Only

______Consultation Reports _____Other_________________

Dates of Treatment: ___________________________________ to ____
Release to: Name: ____
Address:____
Phone #: ____ Fax #____

STEP 3: YOUR SIGNATURE

This authorization is valid for 90 days and may be revoked at any time in writing prior to the expiration date. Additional authorization for re-disclosure beyond stated time is required.

____
Patient's Signature

____ ____
Witness Signature Parent/Guardian's Signature

STEP 4: RELEASE FOR SENSITIVE INFORMATION:

I UNDERSTAND THAT IF MY MEDICAL RECORD CONTAINS INFORMATION IN REFERENCE TO DRUG AND/OR ALCOHOL ABUSE, PSYCHIATRIC, VENEREAL DISEASE, SOCIAL SERVICE, HEPATITIS B TESTING/TREATMENT, AND/OR SENSITIVE INFORMATION, I AGREE TO ITS RELEASE.

____ Date ____
Signature of Patient or Legal Guardian

Printed Name ____

STEP 5: RELEASE OF HIV INFORMATION:

IN ADDITION TO THE ABOVE SIGNATURES, IF YOU WANT YOUR HIV (AIDS) TESTING/TREATMENT RECORDS RELEASED YOU MUST SIGN AND DATE ON THE LINE BELOW.

I AGREE TO THE RELEASE OF THIS INFORMATION:

____ Date ____
Signature of Patient or Legal Guardian

Printed Name ____

For Internal Use: _ Faxed _ Mailed By Whom: ______________I.D. Verified_______________________________