

AUTHORIZATION & FAX TRANSMITTAL TO RELEASE PERSONAL HEALTH INFORMATION

Farmington Valley Dermatology & Surgery 860-674-9900 Fax 860-678-0036

30 W Avon Rd, Suite E, Avon, CT 06001

Patient's Name: (Please print)		
Name If different at the time of visit(s) or treatment(s):		
Date of Birth		Telephone #
<input type="checkbox"/> Release Information To:		<input type="checkbox"/> Obtain Information From:
I authorize that my medical records be released from FVDS or obtained from the individual below and released to FVDS.		
Name		
Fax #	Phone #	
Address		
City		
State	Zip	

Method of Disclosure: Mail Fax Pick up

Copy of entire record

Other: Please Specify _____

AUTHORIZATION

I the undersigned, hereby authorize the release of the above personal information as I have indicated. I understand that there may be a charge of \$0.65 per page depending on the purpose of this request. I understand that I may revoke this authorization to release information at any time by giving written notice. However, I understand that any information released prior to my revoking this authorization shall not be a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire 90 days from date signed.

PROHIBITION ON REDISCLOSURE: This information has been disclosed from records whose confidentiality is protected by Federal and State law. Regulations prohibit making any further disclosure of this information except without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of the first offense and not more than \$5000 in the case of each subsequent offense.

Patient's Signature/ Personal Representative

Date

If personal representative please note relationship to the patient: Parent Guardian Spouse Domestic Partner Other _____

PLEASE NOTE: if faxed, the information contained in this facsimile message is privileged and confidential and intended for the use of the addressee listed above. If you are neither the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking any action in reliance on the content of this telecopied information is strictly prohibited. If you have received this copy in error, please immediately notify the sender to arrange for return of the original documents to us.