

**Aesthetic Specialty Centre Plastic Surgery & Dermatology**

**PATIENT AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

Patient Name: \_\_\_\_\_ Medical Record#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_ Phone#: \_\_\_\_\_

I hereby authorize Aesthetic Specialty Centre to release the following information contained in my medical records for the period from: \_\_\_\_\_ to \_\_\_\_\_.

All PHI including confidential       All PHI except confidential selected below \*

(\*Note: While specific Confidential PHI will not be included, the information authorized for release may make reference to confidential findings.)

Confidential :  HIV Test Results    Alcohol & Drug Therapy    Mental Health Treatment Records  
 Clinic Notes for Doctors    Lab Reports    X-ray reports  
 Other (please specify): \_\_\_\_\_

Release of PHI is for:    Attorney    Doctor    Insurance  
 Other (please specify) \_\_\_\_\_

Mail to (Name & Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is:    A One-time Disclosure       A Continuing Disclosure for 12 Months

I understand that I may revoke this authorization in writing at any time, except to the extent that release has been made prior to my revocation in reliance on this authorization and that such release shall not constitute a breach of my right to confidentiality.

Unless I otherwise revoke this authorization in writing it shall expire on the following date, event, or condition: \_\_\_\_\_. At that time no express revocation shall be needed to terminate my authorization. I hereby release the Aesthetic Specialty Centre from any legal responsibility or liability for disclosures that may arise as a result of the use of the information contained in the PHI released.

\_\_\_\_\_  
Signature      Relationship to Patient (if applicable)

\_\_\_\_\_  
Signature of Witness (if needed)      Date

The employee receiving this revocation must fill out the following information and then place the signed original in the designated place in patient's chart under the Authorizations tab.

\_\_\_\_\_  
Signature of employee receiving revocation      Date received