HARTSOUGH DERMATOLOGY
BOARD CERTIFIED DERMATOLOGIST
Nicole A. Hartsough, M.D.
7402 East Riverside Boulevard
Phone (815) 226-9642 Loves Park, IL 61111 Fax (815) 226-9672

Authorization to Release Medical Information to Members of Your Family or Other Individuals

In accordance with Federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1966 (HIPAA), in order for your physician or the staff of Hartsough Dermatology to discuss your condition with members of your family or other individuals that you designate other than your *Primacy Care Doctor*, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

1. ____ **I authorize** Hartsough Dermatology to verbally release any or all information concerning my medical care to the following individuals:

Name (Please Print)	Relationship	Telephone Number
Name (Please Print)	Relationship	Telephone Number

____ **I <u>do not</u>** authorize Hartsough Dermatology to release any information concerning my care to any individual.

.....

2. **<u>Voice Mail</u>**

____ **I authorize** Hartsough Dermatology to leave a detailed voice mail on any phone number I provide.

____ **I do not** authorize Hartsough Dermatology to leave a detailed voice mail.

.....

PRINT Patient Name

Print Name of Authorized Representative

Patient or Authorized Representative Signature

Relationship

Date

Patient unable to sign. Verbal consent given.
Reason: