



593 EDDY STREET, APT - 10
PROVIDENCE, RI 02903
P: 401-444-7959
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Consent for the Release of Confidential Health Care Information

I,

_____	_____
<i>PATIENT NAME</i>	<i>DATE OF BIRTH</i>
_____	_____
<i>ADDRESS</i>	<i>PHONE NUMBER</i>

Hereby authorize Brown Dermatology, Inc. to:

<i>Release Records TO:</i>	<i>Obtain Records From:</i>
<i>(Person/Organization Address)</i>	<i>(Person/Organization Address)</i>
_____	_____
_____	_____
_____	_____

Concerning my treatment during the time of: _____
(Date of visit/admission)

For the purpose of: _____
(how information will be used)

(circle one)

Further, I specifically (consent to/refuse) the disclosure and release of medical information concerning mental illness, alcohol abuse, drug abuse, venereal disease, AIDS/ARC, or HIV test results should this information be contained in medical record.

I understand that my records are protected under Rhode Island General Law and Federal Law and cannot be disclosed without my written consent except as otherwise specified by law.

Any information released or received as a result of this consent shall not be further relayed in any way to any other person, agency or other without an additional written consent signed by me.

I further understand that I may withdraw this consent by submitting written notification to Brown Dermatology, Inc. at any time prior to the disclosure or release of the information. In the absence of my prior withdrawal, this consent will expire in 90 days after it is signed.

Signature of Patient or next of kin

Date

Relationship (if other than patient)

Witness

Requested records must be provided within thirty (30) days of the receipt of the written request or signed authorization for records. Requests for medical records made by authorized third parties (e.g., attorneys representing the patient, attorneys not representing the patient, a patient's estate on behalf of the patient, or insurance companies) submitting a properly executed Authorization for Release of Information shall be billed at two dollars and fifty cents (\$2.50) per page for the first ten (10) pages, then seventy-five cents (\$0.75) per page for the next fifty (50) pages, then fifty cents (\$0.50) per page. An additional charge to reflect actual cost of postage is permissible.