Laurie Shinn, M.D.
Hazel Vernon, M.D. (Urgent Clinic)
Sarah Skillman, M.D.
Rachel Lee, M.D.
Jessica Payne, M.D.
Mary Graves, PA-C
Kirsten Yezzi, PA-C
Camille Haisley-Royster, M.D.
Matthew Sage, M.D.
Neel Nath, M.D.
Darren Guffey, M.D.
Ana Wiley, NP
Sam Martin, NP
Lauren Shutt, PA-C

Authorization to Release Records to Commonwealth Dermatology

Patient Name: ____ Date of Birth: ________/________/__________

Address: ____

City, State, Zip____ Phone (_____) ______________________

I hereby request that the following Doctor/ Medical Practice release the requested information to Commonwealth Dermatology:

Name of Dr./Practice to send records: ____

Address: ____

City, State, Zip: ____

Ph: (______) _________________________

Fax:(______) _________________________

Please send the following information:

- ☐ Entire Records
- ☐ Office Visit Notes
- ☐ Biopsy Reports
- ☐ Blood Work
- ☐ Radiology Reports
- ☐ Financial Records
- ☐ Other: ________________________________
____
- ☐ Approximate Dates of Service: ______________
____

Send Records to:

Commonwealth Dermatology:

7001 Forest Ave. Suite #400

Henrico, VA 23230

Fax# (804) 288-7135

This authorization shall be in effect until the information has been forwarded as requested or until the course of treatment is complete.

Patient Rights:

I have the right to revoke this authorization at any time.

I may inspect or copy the protected health information to be disclosed as described in this document.

Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I may refuse to sign this authorization and that my treatment will not be conditioned on signing.

I understand released information may include a communicable disease diagnosis such as HIV.

____ Date ______________________

Signature of Patient or Personal Representative

Relationship of Personal Representative's Authority____

Updated 06/2024