



Dermatology & Dermatologic and Cosmetic Surgery

Steven Weissman, M.D. Zacharia Lind, PA

27 S Cooks Bridge Road - Jackson, NJ 08527

Phone (732) 876-3376 Fax (732) 876-3375

www.oceandermatology.com

MEDICAL RECORDS RELEASE FORM

Patient Name: _____ Date of Birth: _____

Telephone: _____

Records to be released to:

Records to be released from:

I do do not (check applicable box) authorize this information to be faxed.

If yes, fax number: (_____) _____

Information to be disclosed (check appropriate boxes):

Operative Report from _____

Pathology Report from _____

Progress Notes

Complete Medical Records

Purpose of disclosure:

Continuing Medical Care

Insurance Claim Processing

Legal Purposes

Other (please specify) _____

I understand that if I request copies of records for myself or a member of my family, a review of this information with my physician or other healthcare provider is encouraged. Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

You may revoke or terminate this authorization by submitting a written letter to Ocean Dermatology, PC 27 South Cooks Bridge Road Jackson, New Jersey 08527.

Unless otherwise indicated below, this authorization will expire ninety (90) days from the date of signature.

This authorization is effective through: ____/____/____

Signature of Patient or Legal Representative

Relationship to Patient

Date