



DERMATOLOGY • DERMATOPATHOLOGY • MOHS MICROGRAPHIC SURGERY • PLASTIC SURGERY

### AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize (office releasing medical information) \_\_\_\_\_ phone: \_\_\_\_\_ to release the following information to Vanguard Skin Specialists.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize the release of the following protected health information:

- Office Notes
- Pathology Reports      Date(s): \_\_\_\_\_
- Other: \_\_\_\_\_
- Please omit the following from my records before sending: \_\_\_\_\_

The purpose for this request to release medical information is:

- Medical Care/Treatment     Insurance     Other (specify) \_\_\_\_\_

Deliver my medical information to me by hand.

- Send my medical information to: Vanguard Skin Specialists  
9348 Grand Cordera Pkwy., Ste 160  
Colorado Springs, CO 80924  
Fax: 719-623-2983

I understand that:

- By signing this form, I am authorizing the use or disclosure of protected health information as indicated above.
- I may refuse to sign this authorization, which will not affect my treatment or payment for health care.
- I may revoke this authorization at any time before the information I have requested is released by providing written notice of revocation.
- Vanguard Medical Specialists, LLC may charge an administrative fee to cover the cost of labor, copying, and postage. The physician's office will inform me of any charges and arrange for payment.
- This authorization expires on \_\_\_\_/\_\_\_\_/\_\_\_\_ [if date not completed, one year after signed].

\_\_\_\_\_  
Signature of Patient / Representative

\_\_\_\_\_  
Date

If the patient listed above is a minor or is unable to sign, and you are a parent, legal guardian, or personal representative signing on behalf of this patient, please sign above and complete the following:

\_\_\_\_\_  
Signature of Patient / Representative

\_\_\_\_\_  
Relationship to patient

**BRIARGATE • BROADMOOR • WOODLAND PARK • PUEBLO**

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