Medical Records Release

Patient's Name:_____ Date of Birth:_____

Address: _____ Contact Number: _____

___ Release to **SELF** or patient's own records.

___ Request to transfer records **TO Marietta Dermatology** from the office listed below.

___ Request to transfer records **FROM Marietta Dermatology** to the office listed below.

Provider/Office Name: _____Office Number: _____

Fax Number: _____ Email Address: _____

Mailing Address:_____

You may obtain a copy of your records by visiting to our website at: h*ttps://www.mariettaderm.com* and by clicking the Patient Portal button at the top of the screen. You may also return this signed release to MedicalRecords@mariettaderm.com or fax your request to 678-582-8925.

Alternatively you may request a copy or summary of the following medical records by checking below.

__ Complete Medical Record __ Pathology Reports __ Allergy Test/Treatment
__ Lab/Bloodwork Results __ Consultation Reports __ Surgical Procedures
__ Medication/Allergies __ Other_____

For Dates of Service: _____ to _____

I hereby authorize Marietta Dermatology to release or accept medical information as requested above. I am aware that Marietta Dermatology cannot control how the recipient uses or shares the information, and that laws protecting its confidentiality at Marietta Dermatology may or may not protect this information once it has been disclosed to the recipient. I understand that medical records released may contain information related to HIV status, AIDS, sexually transmitted diseases, mental health, drug and alcohol abuse, etc.

This authorization will expire 180 days from the signature date. Copy fees may be associated with this request for records. I can cancel this authorization in writing at any time.

_____ _____

Patient or Legal Guardian Signature **Date**

Marietta
111 Marble Mill Road
Marietta, GA 30060
p. 770-422-1013
f. 770-514-5999

Canton
130 Oakside Court, Suite A
Canton, GA 30114
p. 770-422-1013
f. 770-479-0330

West Cobb
5041 Dallas Highway, Bldg 200-Ste D
Powder Springs, GA 30127
p. 770-422-1013
f. 770-427-6340