

Moeller Dermatology
1911 N Webb Road
Wichita, Kansas 67206
Phone (316) 682-7546 Fax (316) 682-7554

**Patient Authorization to Release
Protected Health Information to Family and Friends
*please note that completing this form is optional***

By signing this authorization, I authorize Moeller Dermatology, LLC to use and/or disclose certain protected health information (PHI) about me to the party or parties listed below.

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

This authorization permits Moeller Dermatology, LLC to use or disclose the following individually identifiable PHI:

- Appointment Information Only
- Medical Information Only
- Account Information Only
- All Information
- Specific Information as described: _____

This authorization will expire one year from the date signed (unless otherwise indicated):

When my information is used or disclosed according to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing, except to the extent that Moeller Dermatology, LLC has acted in good faith upon this authorization. My written revocation must be submitted to Moeller Dermatology, LLC ATTN: Privacy Officer, 1911 N Webb Road, Wichita, KS 67206.

Patient Name

Signature of Patient or Legal Guardian

Date

Printed name of Patient or Legal Guardian

Relationship

Office Staff Signature

Date

Yearly Updated Patient/Legal Guardian and Staff Initials

Date

Yearly Updated Patient/Legal Guardian and Staff Initials

Date

Yearly Updated Patient/Legal Guardian and Staff Initials

Date