

Fairhurst Dermatology
Dr. Mark V. Fairhurst
3040 Business Park Circle
Goodlettsville, TN 37072

Request for an Individual's Health Information

Last: _____ **First:** _____ **Middle:** _____

Date of Birth: _____ **Social Security#:** _____

Address: _____

Home Phone: (_____) **Cell Phone:** (_____)

Most recent Progress Note Entire Health Record Pathology/Lab Reports Other _____

I will pick up copies of my records Fax to number below: Mail copies to the individual below:

Records From:	Records To:
Name:	Name:
Address:	Address:
Address 2:	Address 2:
Phone:	Phone:
Fax:	Fax:

I understand:

- I may revoke this authorization at any time, in writing. My revocation will not apply to information already retained, used, or disclosed in response to this authorization. Unless revoked, the automatic expiration date will be one (1) year from date of signature.
- The information authorized for release may include information which may indicate the presence of a communicable disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and human immunodeficiency virus also known as acquired immune deficiency syndrome (Aids).
- The information authorized for release also may include protected health information related to mental health.
- All medical information is protected by the Privacy Act of 1974 and federal or state law or regulations. It will not be given to other persons or organizations unless the law or regulations allow or require us to give out that information, or you allow us to give out that information. If we are required or permitted to give out the information about your medical/health records, it may not be protected if the person or organization that receives it is not required by law to protect the information.
- **I understand that if my records are released from Fairhurst Dermatology that I will be charged a fee of \$20.00 for the first 5 pages and \$0.50 for each subsequent page for the records, plus postage payable prior to the release of the requested records. (Make all checks payable to Fairhurst Dermatology.) These fees have been set by the Tennessee state legislature.**

Signature of Patient, Parent, or Legal Representative

Date

Printed name of Patient, Parent, or Legal Representative

Relationship to Patient