CATSKILL DERMATOLOGY, P.C.

Steven J. Fishman, M.D.

Dermatology • Dermatologic and Cosmetic Surgery
www.catskilldermatology.com

110 BRIDGEVILLE ROAD
MONTICELLO, NY 12701
Telephone (845) 794-3030
Fax (845) 794-3036

1997 RT. 17M
GOSHEN, NY 10924
Telephone (845) 294-6123
Fax (845) 294-6350

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 Catskill Dermatology, PC 110 Bridgeville Road Monticello, New York 12701.

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

*** PLEASE NOTE: You may be charged .75 per page for your records ***

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INVOICE FOR MEDICAL RECORDS

Patient _____ Date _____

Telephone _____

We have received your request for medical records. To cover the cost of copying and mailing, state law provides a charge of 75 cents per page plus postage.

We accept Cash or credit cards for this service, sorry no checks.

CHARGE FOR YOUR RECORDS

Copying _____ pages at $0.75 per page

Postage _____

Total amount due _____

PAYMENT INFORMATION

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Cash

Card Number _____

Expiration _____ Security Code* _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

Signature _____

*Security Code is the three-digit verification code at the end of the signature block on the back of your card

Received By: _____ Date: _____