



ADVANCED DERMATOLOGY & Skin Cancer Center

Skin Diseases • Skin Cancer • Cosmetic Dermatology

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RELEASE OF INFORMATION

1. Due to **HIPAA Regulations**, we are unable to give information (such as biopsy results and lab results) to anyone not listed on this form.

Please list the following people you give consent for your information to be given to:

<u>NAME</u>	<u>RELATIONSHIP</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

2. Check yes if you give consent for non-malignant or benign results (which means a non-cancerous result that is okay) to be left on your answering machine.

YES

NO

Patient's Signature

Date