



Dermatology & Skin Surgery Center

Dermatology & Skin Surgery Center, PC - 210 Village Center Pkwy - Stockbridge, GA 30281

HIPAA RELEASE

I, _____, hereby do give permission to Dermatology & Skin Surgery Center, PC to discuss my medical/financial case with the following person(s):

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

The following are persons whom I specifically **DO NOT** wish my case to be discussed with:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Parent or Legal Guardian's Signature

Date