Raleigh Skin Surgery Center, pllc

ACMS American College of Mohs Surgery
Fellowship trained skin cancer and reconstructive surgeons

3811 Ed Drive; Suite 110 • Raleigh, NC 27612 • Phone: (919) 390-0200 Fax: (919) 390-0219

Authorization for Release of Information

Raleigh Skin Surgery Center, pllc is authorized to release protected health information, including financial information, about the above named patient in the following manner and/or to selected persons.

Check each entity/person approved to receive information.

☐ Voicemail
☐ I do NOT give permission for voicemails

☐ Other person (s) as listed below:

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

☐ Email communication: _____

* I understand that since information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. I still elect to receive email communication as selected. Email is required for access to patient portal.

I give permission for the use of my image or likeness in marketing material:
☐ Only use images that do NOT identify me
☐ May use any images
☐ Do NOT use my images for marketing purposes

Patient Rights

- I have the right to revoke this authorization at any time.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

This authorization will remain in effect until revoked by the patient or Personal Representative

_____ _____
Signature of Patient or Personal Representative Date

Patient Label