Moeller Dermatology
1911 N Webb Road
Wichita, Kansas 67206
Phone (316) 682-7546 Fax (316) 682-7554

Patient Authorization to Release Protected Health Information to Family and Friends

please note that completing this form is optional

By signing this authorization, I authorize Moeller Dermatology, LLC to use and/or disclose certain protected health information (PHI) about me to the party or parties listed below.

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

This authorization permits Moeller Dermatology, LLC to use or disclose the following individually identifiable PHI:

- ❑ Appointment Information Only
- ❑ Medical Information Only
- ❑ Account Information Only
- ❑ All Information
- ❑ Specific Information as described: _____

This authorization will expire one year from the date signed (unless otherwise indicated): _____

When my information is used or disclosed according to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing, except to the extent that Moeller Dermatology, LLC has acted in good faith upon this authorization. My written revocation must be submitted to Moeller Dermatology, LLC ATTN: Privacy Officer, 1911 N Webb Road, Wichita, KS 67206.

Patient Name	
Signature of Patient or Legal Guardian	Date
Printed name of Patient or Legal Guardian	Relationship
Office Staff Signature	Date
Yearly Updated Patient/Legal Guardian and Staff Initials	Date
Yearly Updated Patient/Legal Guardian and Staff Initials	Date
Yearly Updated Patient/Legal Guardian and Staff Initials	Date