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AUTHORIZATION TO RELEASE INFORMATION

It is the office policy of Jill Mines, M.D. and Edward A. Searle, M.D. and staff not to release confidential and/ or unauthorized medical information by home telephone, answering machine, work telephone, voice mail, cell phone and / or pager. Whenever returning telephone calls and the answering machine picks up, we only leave a message to call us back. We also do not release confidential information to other family members unless an authorization is signed.

If you would like to have information released to someone other than yourself, please complete the following.

I authorize Jill Mines, M.D. / Edward Searle, M.D. and / or his staff to leave medical information pertaining to my care by the following methods, and will assume responsibility to notify them whenever this information changes.

Home Telephone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Work Telephone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cell Phone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Primary Care Physician	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Authorized person(s) to be given medical information including pathology and laboratory results:

Name _____ Relationship _____

Name _____ Relationship _____

Signature of Patient / Guardian

Date

Patient Name

DOB

Acct #