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AUTHORIZATION TO RELEASE INFORMATION

It is the office policy of Jill S. 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, voicemail, cell phone and/or pager. Whenever returning telephone calls if an answering machine or voice mail 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 has been signed.

I authorize Jill S. Mines, M.D. / Edward A. Searle, M.D. and/or 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 |

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

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

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Print Name

Date of Birth

Signature (Patient/Legal Guardian)

Date