DRUMD
LARRY E. URRY, M.D. THE ART & SCIENCE OF SKINCARE

Toll free: 1-800-skincare
Phone: 1-801-387-3515
Fax: 1-801-387-3520
www.DRUMD.com

Patient Authorization
Disclosure or Receipt of Protected Medical Information

Patient Name:_____ Date of Birth:_____

Patient Address:_____

Patient Telephone No.:_____ Social Security No.:_____

(*Note*: Providing your Social Security Number is voluntary but may be necessary to accurately identify your medical records. Failure to provide this information may delay release and/or receipt of your medical record(s).)

Please indicate the reason you are disclosing your medical information:

I understand that medical information disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy regulations.

I understand I may revoke this authorization by conacting the office of Larry E. Urry, M.D., 4403 Harrison Blvd., Suite 2635, Ogden, UT 84403.

I understand that my revocation is not effective to the extent that action has been taken in reliance on this authorization. This authorization expires (check one):

_____1 year from the date indicated below _____one time disclosure only

I understand my individual rights respective to this authorization include that I may inspect or request a copy of information that is used or disclosed and/or I may refuse to sign this authorization.

Patient's Name: _____
(Print or type)

Signature of Patient: _____ Date: _____

Signature of Patient Representative: _____
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient _____