VERUM CUTIS DERMATOLOGY

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Authorization to Disclose Personal History Information (PHI) to non-clinical individuals

Today's Date: _____

This is to serve as authorization for Verum Cutis Dermatology to discuss/disclose PHI to the following persons:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Please check one of the following:

_____ All PHI can be discussed/disclosed

_____ Only PHI from the following date(s) may be discussed/disclosed: _____

_____ _____

Printed Name Signature