Aurora Clinic/North Dakota Center for Dermatology, 1451 44th Ave. S., Unit F, Grand Forks, ND 58201 Phone: (701) 732-2700, Fax: (701) 732-2701 AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name		DOB	Phone Number				
I authorize:			To:	☐ release to): [obtain i	nformation from:
Aurora Clinic/North Dermatology Name of Individual/Facility	Dakota Center for		Nam	e of Individual/Faci	ility		
1451 44 th Ave. S. Unit F, Grand Forks, ND 58201 Address, City, State, Zip Code			Address, City, State, Zip Code				
(701) 732-2700 Phone #	(701) 732-2701 Fax #		Phor	ne #		Fax #	
	mmunicated in the follow usiness days to proces			Written		Fax _	Verbal
	INFORMATIO	N TO BE R	ELEA	ASED AND/OR	R ОВТ	AINED	
Approximate Date(s) of S	ervice:						
Date Information Nee	ded/Appointment Date:						
Progress Notes	F	listory & Phy	ysical	Lab/EKG	J/EEG/I	maging Rep	oorts
Other/Specify:							
Records requested f according to the ND additional page. Purpose of Release:	Century Code 23-12-	be release continui 14(1)(a)	ng ca	nless otherwishre & payments: \$20.00 for	se ind t of se r the f	ervices w	ere: ill be subject to charges
that Northland Family Physic eligibility for benefits on whe disclosure by the recipient al is a minor under 14 years of unable to sign for himself/he	ians DBA: Aurora Clinic/North ther I sign this authorization. nd may no longer be protected age for CD treatment, or unde	Dakota Cente I understand I. Authorizati er 18 years of norization is co	er for D that in on is to age fo onsider	ermatology will not nformation disclose to be signed by the or mental health or red as valid as the o	t conditi d pursua patient d dual dia	on treatment ant to this au or by the pat agnosis service	n in reliance on it. I understand c, payment, enrollment, or ithorization may be subject to re- ient's legal guardian if the patient ces, or is physically or mentally busly revoked, this authorization
Patient/Legal Guardian Signa	iture			Date			
Relationship to Patient (if no	t signed by patient)						
Witness Signature			Date		Time	!	_
	ice to whomever disclosure Confidentiality Rules (42 CFR						ion has been disclosed to you froi urther disclosure of this

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any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict