

Mid-Kansas Dermatology Clinic, PA  
1861 N Rock Road, Suite 310  
Wichita, KS 67206  
Phone: 316-612-1833  
Fax: 316-612-2420

**AUTHORIZATION TO DISCUSS PATIENT HEALTH INFORMATION**

I, \_\_\_\_\_ give Mid-Kansas Dermatology Clinic, PA, permission  
(print patient name above)

to discuss my personal health information with \_\_\_\_\_  
(print person's name above)

Person's relationship to patient: \_\_\_\_\_

Please circle below the type of patient health information that may be released/discussed with the individual listed above:

Billing/financial

Medical

In addition, please list below any physicians with whom we have permission to share your medical information, should they call to request it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_