

Rose Medical Center  
Rose Founders Building  
4700 Hale Parkway  
Suite 140  
Denver, Colorado 80220  
(303) 388-8807

*Karen J. Sundby, M.D.*

Dermatologic Surgery  
Mohs Micrographic Surgery  
Cutaneous Oncology

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**AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL RECORDS**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number (last four only): \_\_\_\_\_

I authorize and direct Karen J Sundby MD PC to obtain/release:

- All Medical records
- Photographs
- Pathology reports
- Tissue Slides (will be released to a doctor only, and must be returned)
- Other: \_\_\_\_\_

Under the HIPPA Final Privacy Rule, physician may disclose patient protected health information (PHI) to the hospital for purpose of treatment, payment, and health care operations.

The regulations under Section 164.506©(4) reads as follows:

*"A covered entity may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the protected health information requested."*

Name of physician/facility \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Medical records released to patient.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Release or Sent/Initial