

**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
- Other: \_\_\_\_\_

Under the HIPAA Final Privacy Rule, physician may disclose patient protected health information (PHI) 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