AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

**Patient's
Name:** _____ **Date of Birth:** _____

Previous Name: _____ **Social Security #:** _____

**I request and
authorize** _____ **to**
release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

This request and authorization applies to:
☐ **Healthcare information relating to the following treatment,
condition, or dates:** _____

_____

☐ **All healthcare information**

☐ **Other:** _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

☐ **Yes** ☐ **No** **I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.**

☐ **Yes** ☐ **No** **I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.**

**Patient
Signature:** _____ **Date
Signed:** _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.

Name _____   **Date**

Please check all that apply:

☐ **Clarisonic pro skin system**

☐ **Skin rejuvenation**

☐ **Hair removal**

☐ **Wrinkles**

☐ **Brown spots**

☐ **Facial veins**

☐ **Latisse – longer, darker, fuller eyelashes**

☐ **Under eyes wrinkles / fullness**

☐ **Abdominal area**

☐ **Drooping eyelids / eyebrows**

☐ **Thin lips**

☐ **Breast size / shape**

☐ **Skin tightening**

☐ **Neck / Face lift**

☐ **Arms / Hands**

☐ **Botox**

     ☐ **Migraines**

     ☐ **Sweating**

☐ **Juvederm**

☐ **IPL (Photofacial)**

☐ **Facials**

☐ **Skincare products**

     ☐ **Moisturizers**

     ☐ **Bleaching / Lightening agents**

     ☐ **Acne products**

     ☐ **Sunscreen**

     ☐ **Anti – aging / anti – oxidants**

☐ **Laser resurfacing**

☐ **Prominent ears (Otoplasty)**

☐ **Mole removal**

☐ **Facial lines**

☐ **Facial wrinkles**

☐ **Facial folds**

☐ **Facial redness**

☐ **Liver spots / age spots**

☐ **Tattoo removal**

☐ **Nose**

☐ **Blotchy skin**

☐ **Hips**

☐ **Legs**

☐ **Flanks / Lower back**

☐ **Chemical peels**