Kallgren Dermatology Clinic

3434 47th St. Suite 200
Boulder, CO 80301
Phone 303-444-8100
Fax 303-444-8113
kallgrenderm@comcast.net
www.kallgrenderm.com

Authorization of Release of Medical Information Through E-mail

l,	, authorize Kallgren Dermatology Clinic
to share my medical information with me via en	nail to my e-mail address:
	·
Medical information can include pathology resubilling information, and any other medical information the phone. I understand that this form of comthe Legal Disclaimer:	mation that would normally be discussed over
Information contained in this e-mail, including may contain confidential medical or business in intended recipient(s). This message and any a copied, published, disseminated, redistributed from Diane L. Kallgren M.D. Any unauthorize taking of any action based on the contents of the any individual other than the intended recipier physician-patient privilege or any other legal riplease notify the sender by return e-mail, destructed attachment(s) and delete them from your systematical results.	information intended only for use by the attachment(s) may not be used, reviewed, or forwarded the express written permission ad disclosure, use copying, distribution, or he e-mail is strictly prohibited. Review by int does not waive or surrender the ghts. If you received this e-mail in error roy any and all copies of this message and
Printed Name	Date
Cienalius	
Signature	