



# Princeton Dermatology Associates PC

## Dermatology and Dermatologic Surgery

### Main Office Princeton:

208 Bunn Drive  
Princeton, NJ 08540  
Office: 609-683-4999  
Fax: 609-683-0298

### North Brunswick Office:

1950 State Highway 27  
Suite A  
North Brunswick, NJ 08902  
Office: 732-297-8866  
Fax: 732-821-0626

### Monroe Office:

5 Centre Drive  
Suite 1A  
Monroe Township, NJ 08831  
Office: 609-655-4544  
Fax: 609-655-2390

### Hillsborough Office:

307 Omni Drive  
Hillsborough, NJ 08844  
Office: 908-281-6633  
Fax: 908-281-6690

### Plainsboro Office:

Medical Arts Pavilion  
5 Plainsboro Road  
Suite 550  
Plainsboro, NJ 08536  
Office: 609-269-9230  
Fax: 609-606-0204

### Central Billing Office:

Office: 609-683-8224  
Fax: 609-683-8222

## How to obtain copies of your Medical Records

To request a copy of your medical records, please complete the authorization form. This form can be downloaded from our website. You may return the completed signed form in person, by fax or mail to our office.

Copies of medical records can only be released to the patient, his/her authorized representative or healthcare provider.

If you would like someone to pick up your records, you must indicate on the form the first and last name of the person picking up the records. A proof of ID will be required.

Please allow at least 10-14 business days for processing.

## Charges for Medical Records Requests

Per New Jersey State Law, patient medical record copies are \$10.00 minimum and \$1.00 per page. Charges are not to exceed \$100.00 for the entire record.

Once your request is received, we will contact you and let you know the amount due for your records to be copied.

Should your records need to be sent to another healthcare provider, the most recent records or biopsy reports will be sent free of charge.

Payment can be made by check or cash only.

Checks are to be made payable to: **Roderick Kaufmann, MD**

## Patient Clinical Portal

Medical records may also be obtained from our secure Patient Clinical Portal where they can be printed or downloaded free of charge. If you already have access to our patient clinical portal, your office notes are located under past appointments by service date. Please contact our office if you need access to your patient clinical portal.

**Princeton Dermatology Associates, PC**  
**Dermatology and Dermatologic Surgery**

208 Bunn Drive, Princeton, NJ 08540

Phone (609) 683-4999

Fax (609) 683-8222

Medical Records Release Form

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

Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, hereby request that you release a copy of

Please print your name

Patient's medical records to: (Name, address, telephone number, and fax number)

Provider Name

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Telephone + Fax Number

\_\_\_\_\_

Please send the following record(s):

\_\_\_\_\_ Complete record                      \_\_\_\_\_ Biopsy/Pathology results

\_\_\_\_\_ Blood work                                      \_\_\_\_\_ Chart note

Date(s): \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_

Date of Request

\_\_\_\_\_

Patient / Authorized Person Signature

Fax completed form to 609-683-8222