



Mobile
Dermatology, P.C.
J. Scott VanLoock, M.D., FAAD

Dear Patient,

After more than 23 years of practicing dermatology in the Mobile area, I am writing to inform you that I am closing my practice effective September 30, 2026. In preparation for this, my schedule will be modified as follows:

***All existing appointments through July 30 will remain as scheduled.**

***August and September clinic hours will be on a reduced schedule.** If you have an existing appointment scheduled during this time, you will be notified by the office whether your appointment will remain unchanged, be rescheduled or canceled.

***ALL appointments scheduled after September 30 will be canceled.**

It has been a privilege to care for you over the years, and I am deeply grateful for the trust you have placed in me. To ensure continuity of your dermatologic care, I encourage you to establish care with another qualified provider as soon as possible. I am including a list of providers in the Mobile area who are currently taking new patients. My partner Dr. King's practice is full and she is not taking new patients.


Your medical records will remain with Mobile Dermatology as required by law. If you would like to request a copy of your records, you have the following options:

1. Log on to your patient portal anytime at <https://vanloock.modmedapp.com> for free access to your chart.
2. You, your authorized representative or your new provider can complete and return the attached form to Mobile Dermatology during normal business hours. *Please note that if you require a paper copy of your record, there will be a printing charge.*

Thank you again for the honor of serving you. I wish you all the best and good health in the years ahead.

Warm regards,
J. Scott VanLoock, MD



The Center for Dermatology (Dr. Amy Morris, Dr. Dena Howell)

 **4310 Old Shell Road, Suite D Mobile, AL 36608**
 **(251) 343-9100**

Advanced Dermatology (Dr. Thomas Bender, Dr. Virginia Reeder)

 **580 Providence Park Drive East Mobile, AL 36695**
 **(251) 631-3570**

Sunrise Dermatology (Brittany Johnson, NP)

 **70 Midtown Park East Mobile, AL 36606**
 **(251) 289-1786**

Mobile Dermatology, P.C.

Authorization to Use or Disclose My Protected Health Information

Patient name: _____ Date of birth: _____

Previous name: _____

I. My Authorization

You may use or disclose the following health care information (check all that apply):

All my health information maintained by **Mobile Dermatology, P.C.**

**Circle "Include" or "Exclude" for each of the following (If not selected, "Exclude" will be assumed):

Include or *Exclude* : My health information related to HIV/AIDS

Include or *Exclude* : My health information related to psychiatric conditions

My health information limited to the following treatment or condition: _____

My health information for the following date(s): _____

Other: _____

You may disclose this health information to:

Name (or title) and organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason(s) for this authorization (check all that apply):

At the request of the individual

Continuing medical care

Other: _____

This authorization ends: on (date) _____

when the following event occurs _____

**If no date is specified, the authorization expires in 60 days

II. My Rights

I understand I do not have to sign this authorization form in order to get health care benefits. However, I do have to sign an authorization form:

- To take part in a research study **OR**
- To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by Mobile Dermatology, P.C. based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:

- Fill out a revocation form. The form is available from the office. **OR**
- Write a letter to the office.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Patient or legally authorized individual signature

Date

Time

Printed name if signed on behalf of the patient

Relationship (parent, legal guardian, personal representative, etc.)