

SouthPark Internal Medicine

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P: 720.266.6900

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: _____ **Date of Birth:** _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **Phone:** _____ **SS#:** _____

Who has information you would like released: (Health Care Provider)

Name: _____ **Phone:** _____
Address: _____ **Fax:** _____
City: _____ **State:** _____ **Zip:** _____

To whom should the information be sent: (New Health Provider)

Name: _____ **Phone:** _____
Address: _____ **Fax:** _____
City: _____ **State:** _____ **Zip:** _____

Information to be released: PLEASE MAIL RECORDS IF 20 PAGES OR MORE.

Immunizations Labs from Dates: _____ to _____
 Most recent 3 yrs of record Entire Medical Records
 Other: _____

- I understand that medical information released by this authorization may include information of physical and mental illness, alcohol, and drug abuse and past medical history. I understand this authorization will expire without my express revocation one year from the date of signing, or if I am a minor, on the date I become 18 years of age. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that revocation will not apply to information that has already been released as specified by this authorization or to my insurance company when the law provided insurer with the right to contest a claim, under my policy. I understand that authorization for the disclosure of health information is voluntary and I can refuse to sign this authorization.
- I accept full financial responsibility for copying fees if any are charged by the facility. Per Colorado Dept. of Health and Public Environment Regulations, there may be a charge for **requested** documents. Our minimum charge is: \$25.00.

Reason for Release:

Insurance Change Second Opinion Life Insurance Move
 Disability Legal Personal File Prim Care Physician
 Personal file Other: _____

Patient Signature/Authorized Personal Representative

Date