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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

RECORDS CANNOT BE RELEASED UNTIL ALL INFORMATION IS PROVIDED

Complete the following for all records to be requested

Patient Name	Date of Birth

Release to

Name			
Address			
Telephone		Fax Number	

Effective Date of Release _____

Reason for Release

Fees

No fees shall be charged for requests for medical records solely for the purpose of providing continuing medical care.

Records requested for personal use, or by other third parties, shall be charged a copying fee of \$15.00 for up to 10 pages, then \$0.50 for each additional page, as well as a \$2.00 postage fee. We will not send records until we have full payment. Please provide an address where we should send a bill after we calculate the number of pages.

Name	
Address	

I understand that the information to be released may include the following conditions, if present: drug or alcohol abuse, psychological or psychiatric conditions, HIV or AIDS testing or diagnosis. I release Parker Pediatrics & Adolescents, P.C, from liability and claims of any nature pertaining to the disclosure of requested information contained in these medical records. I wish to exclude the following records from being released:

For those patients who have seen our psychologist, do you want a copy of the discharge summary from the patient's mental health record sent?
 Yes No _____ Initial

Also, records from previous physicians, if present, will be sent. We cannot be responsible for their contents, or any confidential information therein, as these records may not have been reviewed by our doctors. We will not retain a copy of other physician's records. Once the office discloses health information, the person or organization that received it may re-disclose it. Privacy laws may no longer protect it. This is a one-time authorization and will expire in 60 days. During this period, this release may be revoked by written notice.

Parent/Legal Guardian Signature (for patients under 18)		Date	
Patient Signature (patients over 18 must sign release request)		Date	