PARKER PEDIATRICS & ADOLESCENTS, P.C.

Serving the Parker community since 1982

10371 Parkglenn Way, Suite 100
Parker, Colorado 80138
Telephone: 303-841-2905
Fax: 303-841-3052 / fax@parkerpediatrics.com

Website: www.parkerpediatrics.com

Authorization to Release Information for Adult (18 Years and Older) Patient

I _____ (Date of Birth: _____) hereby authorize
(Name of Patient)
Parker Pediatrics & Adolescents, PC to

release and discuss my medical information with:

Mother	
Father	
Other	

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:

_____

☐ No restrictions on information disclosure _____
Initials

My signature below confirms my authorization and shall remain in effect until revoked in writing.

Printed Name	
Signature	Date