PARKER PEDIATRICS & ADOLESCENTS, P.C.

Serving the Parker community since 1982

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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 / Facility			
Address	Street Address		
	City	State	Zip
Email Address			
Telephone		Fax Number	

Effective Date of Release

Reason for Release ☐ Not transferring out. Request for copies of specified records only.

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 processing fee of $15.00 per child, as well as a $2.00 postage fee. We will not send records until we have received full payment. Credit card payments can be made over the phone.

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** _____ **Initials**
NOTE: Colorado law requires patients age 12 and older must sign for release of psychology/mental health records.

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. 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	
Printed Name of Signer			