

Greenwood Pediatrics, P.C.

Southeast
9094 E. Mineral Ave. #100
Centennial, CO 80112
303-694-3200
fax# 303-694-2680

Southwest
6931 S. Pierce St. Suite #100
Littleton, CO 80128
303-973-3200
fax # 303-904-8510

Parker
16830 Northgate Dr. #150
Parker, CO 80134
303-805-7879
fax # 303-805-8076

RECORDS RELEASE AUTHORIZATION

We will complete your child's records within 5-10 business days. The records will include all immunizations, growth and development charts, and other records identified by your physician. If you would like a copy of the full chart there is a charge. The charge is based on the 3/1/08 guidelines by the Colorado Department of Public Health and Environment. The charge is \$16.50 for ten or fewer pages, \$.75 per page for pages 11 through 40 and \$.50 per page after 40 pages. Payment must be made before records are copied. If you do want the full chart copied check the box below. Thank you.

I authorize Greenwood Pediatrics to release protected health information to:

Name: _____

Address: _____

Please send immunization, growth, and development information only, no fees will be assessed.

I would like a copy of the entire chart including those items marked below with my initials for each child listed. I understand that the fee identified above will be assessed.

Drug abuse, if any Alcohol abuse, if any
 Psychological or psychiatric conditions, if any AIDS/HIV, if any

Please mail records to the above address.

I will pick-up records when they are ready.

Child's name and date of birth: _____

Parent's name: _____
Address: _____

Phone number: _____

Reason for leaving Greenwood Pediatrics: _____

Signature: _____ Date: _____

This Authorization will expire 90 days after the date identified above.

For office use:

Received: