



Southeast
9094 E Mineral Ave, Ste 100
Centennial, CO 80112
Ph: 303-694-3200
Fax: 303-694-2680

Southwest
10901 W Toller Dr, Ste 101
Littleton, CO 80127
Ph: 303-973-3200
Fax: 303-904-8510

Parker
16830 Northgate Drive, Ste 150
Parker, CO 80134
Ph: 303-805-7879
Fax: 303-805-8076

RECORD RELEASE AUTHORIZATION

*** PLEASE CHOOSE ONE OPTION BELOW**

1.) I authorize _____

Address: _____ Fax: _____ Phone: _____

to release protected health information to the Greenwood Pediatrics location circled below:

Southeast 9094 E Mineral Ave, Ste 100 Centennial, CO 80112	Southwest 10901 W Toller Dr, Ste 101 Littleton, CO 80127	Parker 16830 Northgate Drive, Ste 150 Parker, CO 80134
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OR

2.) I authorize Greenwood Pediatrics to release protected health information to: _____

Address: _____ Fax: _____ Phone: _____

Please send records by: **FAX** **PICK UP IN OFFICE** **MAIL** **PERSONAL EMAIL**

PATIENT INFORMATION

Name/DOB: _____	Name/DOB: _____
Name/DOB: _____	Name/DOB: _____
Name/DOB: _____	Name/DOB: _____

PURPOSE OF RECORD RELEASE

Changing physicians. *Reason for leaving:* _____

For my personal records(not leaving) Insurance Change Other: _____

Age: 18+ years of age * School/Camp Health Form and Immunization Record ONLY (no additional records will be sent if this is selected)

INFORMATION TO BE RELEASED

BASIC RECORDS: Health Summary, Immunization Records, Growth and Developmental Records, Recent Well Child Visit, Recent Consult Letters, Recent Labs and Radiology Reports.

***ADDITIONAL INFORMATION CAN BE SELECTED BELOW: FEES WILL APPLY** when Greenwood Pediatrics is sending additional information-See Note To Parents/Guardians section below for record fees.

COMPLETE MEDICAL RECORD

ADHD related records HIV/STD related records Psychiatric/Mental health related records Substance abuse related records

Other: _____

Note To Parents/Guardians or Patient 18+ years

Greenwood Pediatrics record fees are based lower than the Colorado State statute § 6 C.C.R. 1011-1, Chapter 2, Part 5.2.3.4. and in compliance with HIPAA § 165.524 (c, 4). The charges consist of \$0.37 per CD, \$0.10 per envelope, actual postage for CD and password instruction letter, and a charge of \$0.30 per minute for the time to process. To send via fax the charges consist of \$0.30 per minute for the time to process. If paper copies are requested, they must be received in person or mailed through certified mail. The charges consist of \$0.05 per sheet copied, \$0.15 per envelope used, actual postage, and a charge of \$0.30 per minute for the time to process. Greenwood Pediatrics attempts to complete all record release requests within 5-10 business days. In the event that there is a delay, Greenwood Pediatrics will not exceed 30 business days for this request. **This authorization will expire two years from the date indicated below.** You may revoke this authorization at any time, but must do so in writing. I understand that the medical records sent may be subject to re-disclosure by the recipient and will therefor no longer be protected by federal privacy regulations. I understand I am not required to sign this authorization in order to obtain health care benefits or eligibility. I understand I am not required to sign this request for operation, treatment, or payment purposes. I understand I am entitled to a copy of this authorization.

PARENT/GUARDIAN or PATIENT 18+ years SIGNATURE-required

PLEASE INDICATE WHO IS AUTHORIZING THIS REQUEST:

Printed Name: _____ Relationship to patient: _____

Signature of Parent/Guardian or Patient 18+ years

Date