

Village Family Practice
5161 East Arapahoe Road Suite #290
Centennial, CO 80122
(720) 488-0055 Fax (720) 488-3955

Patient Name: _____ Date of Birth: _____

Social Security #: _____ Phone #: _____

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I authorize the following facility:
(Where the records currently are)

To release information to:
(Where the records are going)

(Facility Name)

(Facility Name)

(Complete Address, City, State, Zip)

(Complete Address, City, State, Zip)

(Phone #)

(Phone #)

Records will be mailed directly to the person or organization specified above.

Information requested (check if to be released):

- Complete Chart History and Physical Diagnostic Studies Lab/X-Ray Reports
 Pathology Reports Doctors Notes Operative Reports Psychological/Psychiatric
 All Treatment Dates Specific Dates: _____
 Other (must specify): _____

Purpose of Release: Treatment/Diagnosis Insurance Legal Other: _____

The authorization is subject to written revocation at any time, except to the extent that action has already been taken in reliance upon it. In any event, this authorization expires 90 days from the date of signature. I release the above named facility and its employees or agents from liability and claims of any nature pertaining to the disclosure of requested information contained in my medical records.

Signature of Patient/Guardian/Personal Representative Relationship Date

Witness Signature *(If patient is unable to sign document for any reason)* Date

Note: Information requested will NOT be provided if any of the above items have not been completed. This process may take 14-21 days to provide this information. According to Colorado State Statutes, there may be a fee associated with your request, which may be required in advance. The charge is \$14.00 for the first ten or fewer pages, \$0.50 per page for pages 11-40, and \$0.33 per page for every additional page. Actual postage or shipping costs and applicable sales tax, if any, may also be charged.
(Copy of this authorization is as valid as the original.)