

**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION  
TO PEDIATRICS 5280**

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Patient Legal Name(s)				Date(s) of Birth
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Address	City	State	Zip	Phone Number

I hereby authorize the following facility to disclose Protected Health Information of the patient(s) listed above.

<b>TO:</b> Pediatrics 5280 9094 E. Mineral Ave #120 Centennial, CO 80112 Phone: 303-779-5437 Fax: 303-689-9628	<b>FROM:</b> Name: _____ Address: _____ _____ Phone: _____ Fax: _____
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**Reason to Release Protected Health Information:**

Transfer of Primary Care       Referral to Specialist       Insurance       Personal

**Type of Information to be released:**

Copy of Entire Chart  
 Summary of Entire Chart (Growth Chart, Problem List, Immunizations)  
 Health Information related to the following treatment, condition and/or date(s): \_\_\_\_\_

- I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, sexual activity, HIV results and/or AIDS information.
- I understand that the term "Chart" for release of Protected Health Information means that **only records generated by this facility will be released.**
- I understand that this authorization may be revoked by me at any time except to the extent that action has been taken in reliance upon it.
- The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected.
- I understand that there may be a fee involved with the fulfillment of this request. **See Fee Schedule below.**
- I have read the above and authorize the disclosure of the Protected Health Information. **This release expires 90 days from signature date.**

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Signature of Patient/Parent/Legal Guardian	Date
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**Fee Schedule**

Fees for duplication of Protected Health Information shall follow the Regulations for Patient Medical Reproduction Fees 6 C.C.R. 1011-1, Chapter 2, Part 5.2.3.4. which states the patient shall pay for the reasonable cost of obtaining a copy of his/her patient record, not to exceed \$14.00 for the first 10 or fewer pages, \$.50 per page for pages 11-40, and \$.33 per page for every additional page. Actual postage or shipping costs and applicable sales tax, if any may be charged.

**\*To ensure timely processing of medical records, please fill authorization out completely.**