

**AUTHORIZATION TO RELEASE MEDICAL RECORDS/INFORMATION**

Physician or Facility to provide records: Pediatric Endocrine Associates Phone: 303-783-3883  
8200 E. Belleview Ave #510-E Fax: 303-783-3800  
Greenwood Village, CO 80111

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Person/Facility to receive records: \_\_\_\_\_  
(Name, address, phone, fax) \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

I authorize the health care provider to release the information specified below to the organization, agency, or individual named on this request.

- |   |                 |
|---|-----------------|
| <b>Release these records:</b>                       | <b>Initials</b> |
| 1. All records generated by this facility.....      | _____           |
| <b>OR</b>   |                 |
| 2. Only the dates of service or labs specified..... | _____           |

Please specify: \_\_\_\_\_

I understand that I may revoke this authorization at any time. A copy of this authorization may be utilized with the same effectiveness as an original. **I understand that there may be a copying fee per the Colorado Department of Public Health and Environment.**

Patient signature: _____	Person authorized to sign for patient: _____
Maiden Name: _____	Signature: _____
Date: _____	Relationship to patient: _____
	Date: _____

**Reason for release:**  
\_\_\_\_ Moved/Moving  
\_\_\_\_ Insurance Change  
\_\_\_\_ Other (please specify) \_\_\_\_\_

Are you transferring care? Yes \_\_\_\_\_ No \_\_\_\_\_

<p><b><u>MEDICAL RECORDS FEES</u></b>          TURN AROUND TIME FOR ALL FORMS is 2 – 5 DAYS  <input type="checkbox"/> Standard Daycare form – No Charge  <input type="checkbox"/> School / Camp form. Forms to be filled out by parent or guardian and then signed by Provider – No Charge  <input type="checkbox"/> Family and Medical Leave (WH-380) and other non standard forms – \$15.00  <input type="checkbox"/> Copy of Medical Records to be faxed, mailed, or picked up- see below:  <input type="checkbox"/> Complete copy of medical records \$15.00 first 20 pages, pages 21-25 are \$0.50/page and pages 25 and over are \$0.33/page</p>
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