Pediatric Endocrine Associates, p.c.
Infants • Children • Adolescents

Sunil Nayak, MD, FAAP
Pediatric Endocrinologist
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Pediatric Endocrinologist
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AUTHORIZATION TO RELEASE MEDICAL RECORDS/INFORMATION

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

Patient Name: _____ **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.

Release these records: **Initials**

1. All records generated by this facility ..... _____
   OR
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.**

Person authorized to sign for patient:

Patient signature: _____ _____

Maiden Name: _____ Signature: _____

Date: _____ Relationship to patient: _____

Reason for release: Date: _____

_____ Moved/Moving
_____ Insurance Change
_____ Other (please specify) _____

Are you transferring care? Yes _____ No _____

MEDICAL RECORDS FEE

TURN AROUND TIME FOR ALL FORMS IS 2-30 DAYS
Standard Daycare form – No Charge
School/Camp form. Forms to be filled out by parent or guardian and then signed by Provider – No Charge
Family and Medical Leave (WH – 380) and other nonstandard forms - $15.00
Copy of Medical Records to be faxed, mailed, or picked up – see below:
Complete copy of medical records are $15 first 20 pages, pages 21-25 are $0.50 and pages 25 and over are $0.33 per page