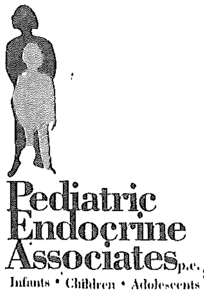

Sunil Nayak, MD, FAAP
Pediatric Endocrinologist

Alicia G. Marks, DO, FAAP
Pediatric Endocrinologist

Rebecca Somershoe, MSN, CPNP

Kathryn Palleschi, DNP, CPNP-PC

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: ______________________

Date: ______________________

Signature: ______________________

Relationship to patient: ______________________

Date: ______________________

Reason for release:

_____ 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