ACADEMY PARK PEDIATRICS, P.C.

PEDIATRIC & ADOLESCENT MEDICINE

7373 WEST JEFFERSON AVENUE • SUITE 102 • LAKEWOOD, COLORADO 80235-2020 **PHONE**: (303) 988-5252 • **FAX**: (303) 988-5632

4185 EAST WILDCAT RESERVE PARKWAY • SUITE 230 • HIGHLANDS RANCH, COLORADO 80126 **PHONE**: (303) 996-0730 • **FAX**: (303) 996-0732

Authorization/Release for Protected Health Information (PHI)

Patient Legal Name	Date of Birth	SSN	1
Address		Phone#	
City		:	Zip Code
I hereby authorize the following	ng facility to disclose Protect	ed Health Information of the patien	at listed above
FROM: Physician/Facility Sending Records		TO: Receiving Entity	
Name		ACADEMY PARK PEDIATRICS	
Address		7373 West Jefferson Avenue, Ste. 102	
City, State, Zip		Lakewood, CO. 80235-2020	
Phone:		Phone: 303-988-5252	
Fax:	A	Academy Park Pediatrics will NOT	accept responsibility
		for charges incurred for rec	eords.
O Date Range O Last 2 Years	 Entire Record Pertinent info only ER Records History & Physical Consult Report Operative Report Rehabilitation Services 	 Lab Imaging/Radiology Cardiac Studies Demographics Nursing Notes Medication Record 	 Progress Notes Physicians Orders Billing Records Immunizations Other
Expiration: This authorization	shall expire upon (check on o Fulfillment of o Date	e) if not filled out auth will expire one year this request	from date signed:
psychiatric, HIV results or AII I understand that this authorization reliance upon it. The information used or discless no longer protected. The facility will not condition specified use applies to specifical understand that there may be I have read the above and authorize may be a fee for copying	OS information. ation may be revoked by me be provided by me be pro	rotected health information. responsibility of the patient.	t action has been taken be by the recipient and uthorization unless
Signature of Patient/Parent/LegalGuardian		Date	
Printed name	Relation to patient		

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

You may send this release directly to your previous physician.

You may supply your previous physician's fax number and our office will be happy to fax this for you.