# ACADEMY PARK PEDIATRICS, PC

**PEDIATRIC AND ADOLESCENT MEDICINE**
3333 S Wadsworth Blvd, B103 Lakewood, CO 80227-5120
Phone: (303) 988-5252 Fax: (303) 988-5632
4185 E Wildcat Reserve Parkway # 230 Highlands Ranch, CO 80126
Phone: (303) 996-0730 Fax: (303) 996-0732

## Authorization/Release for Protected Health Information (PHI)

**OUTGOING RECORDS RELEASE**

Patient Legal Name Date of Birth SSN

Address Phone#

City State Zip Code

I hereby authorize Academy Park Pediatrics to disclose Protected Health Information of the patient listed above.

**Reason to Release Records:**

For example: Moving, Transfer to another physician, personal use, insurance requests, etc.

**TO: Provider Name/Name of Organization**

**Street Address** **City**

**State** **Zip** **Phone** **Fax**

**Circle One:**

| | | | |
|---|---|---|---|
| ○ Last 2 Years<br>○ Last 5 Years | ○ Entire Medical Record<br>○ MyChart Upload – Medical records Sept 2012 – present | **OR**<br>○ Specify what records are needed | |

**Expiration:** This authorization shall expire upon (check one) *if not filled out auth will expire one year from date signed*:

- ○ Fulfillment of this request
- ○ Date_____

***Please send records as noted above***

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV results or AIDS information.

I understand that this authorization may be revoked in writing 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.

The facility will not condition treatment, payment, enrollment, or eligibility for benefits upon authorization unless specified use applies to specific exceptions.

**I understand that there may be a fee involved with the fulfillment of this request.**
**Payment of fee for copying and mailing records is the responsibility of the patient.**
**$50 fee applies to charts pulled from Storage-Medical records Prior to Sept 2012.**
**$18 fee for electronic medical records- Medical records Sept 2012-present.**
**No Charge MyChart Upload – Medical records Sept 2012-present**

**Card Type MC/V** **Exp Date** _____ **Security Code** _____

**Card Number** _____

Signature of Patient/Parent/Legal Guardian _____ Date _____

Printed name _____ Relation to patient _____

**Best phone number to reach you with questions/problems fulfilling this request** _____

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