



499 E. Hampden Ave.
Suite 190
Englewood, CO 80113

AUTHORIZATION TO RELEASE/OBTAIN PATIENT INFORMATION
PATIENT INFORMATION: (please print)

Name _____ Date of Birth: _____

I authorize Cherry Hills Midwifery Obstetrics and Gynecology to RELEASE/OBTAIN my protected health information including copies of my medical record of care to the following person(s) at the address/facility listed below:

Name of Provider/Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Purpose of Disclosure (please specify as required by HIPAA regulations):

___ Continuing Care with another physician/hospital ___ Transfer of Care ___ Personal Copy ___ Other

Your initials are required to release the following:

___ Psychiatric/Psychology Social Work Notes ___ Psychological Evaluation & Results

___ Genetics Testing ___ HIV Reports/STD Reports ___ Drug/Alcohol Results

Information to be released:

___ All records ___ Office Visit ___ Operative Report ___ Imaging Report ___ Lab Reports

Dates _____ To: _____

AUTHORIZATION:

1. I may revoke this authorization at any time by notifying the originating organization noted above in writing.
2. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
3. I understand the information disclosed may be subject to re-disclosure and no longer be protected by federal or state privacy regulations.
4. I have the right to inspect or copy the information to be used/disclosed as permitted by federal law.
5. I may refuse to sign this authorization and that it is strictly voluntary.
6. Authorization will expire 90 days after signature unless indicated otherwise (insert date): _____
7. If I do not sign this form, my healthcare and the payment for my healthcare will not be affected.
8. If this authorization originated with the provider, I will receive a copy of this form after I sign it.

Patient Signature: _____ Date: _____

A Member of OB/GYN Affiliates

Andrew Ross MD Mindy Willits NP Alisa Sajadi CNM Abbey Schmeisser NP Diana Buckwalter CNM Diane Torres NP

