



Lone Tree Obstetrics & Gynecology
10465 Park Meadows Drive ~ Suite 104 ~ Lone Tree, CO 80124
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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: _____

Date of Birth: _____

Medical Records will be sent via fax unless otherwise requested:

Release Information TO:

Name: _____

Address: _____

Phone: _____

Fax: _____

Release Information FROM:

Name: _____

Address: _____

Phone: _____

Fax: _____

MY AUTHORIZATION

I hereby authorize the release of information regarding my care, including information regarding:

ALL Health information related to my care and treatment.

OR

(check all that apply):

Health information related to the following treatment or condition: _____

Health information for the following date: _____

Other: _____

Include or Exclude Health information related to drug abuse.

Include or Exclude Health information related to alcohol abuse.

Include or Exclude Health information related to HIV/AIDS.

Include or Exclude Health information related to psychological or psychiatric conditions, including psychotherapy notes.

Reason(s) for this authorization (check all that apply):

Continuation of Care Transfer of Care Other (specify): _____

MY RIGHTS

I understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment, or enrollment). However, I do have to sign an authorization form to take part in a research study or to receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the above named practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Signature of Patient or legally authorized individual

Date

Time

Printed Name

Relationship (self, parent, legal guardian, personal representative, etc.)