



Integrative Pediatric Health Care, LLC
3540 S. Poplar St. Ste 202
Denver, CO 80237
(P)720-442-3615 (F) 720-870-3726

Medical Records Release Form: Authorization to Disclose Protected Health Information

I authorize Integrative Pediatric Health Care to:

Release Records to: Receive Records from:

Facility Name: _____

Facility Address: _____

City/State/Zip: _____

Facility Phone: _____

Facility Fax: _____

Please select the type of records you authorize for this release:

Complete chart (charges may apply if requesting paper or mail copies): immunization record, all visit notes, imaging, labs, consults, growth chart

Basic chart (no charge): health summary, immunization record, last well visit, growth chart

Please Select any information you want EXCLUDED from your records:

Information related to substance use or abuse (alcohol or drug)

Information related to HIV/AIDS/STI sexual health

Information related to psychiatric care (psych eval, mental health notes)

Parent/Guardian Name: _____

Parent/Guardian Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

Reason for Records Request (transfer, change of insurance etc): _____

This release will expire upon sending records. IPHC utilizes fax to send records. However, if an alternate method is required, charges will apply as per the paragraph below:

We attempt to complete all record release requests within 5-10 business days, if there is a delay, we will not exceed 30 business days for the request. The records will include all immunizations, growth and development charts, and other records as identified below. If you are requesting copy of the full chart, there is a charge for records. The charge is based lower than the Colorado State statute § 6 C.C.R 1011-1, Chapter 2, Part 5.2.3.4. and in compliance with HIP AA§ 165.524 (c, 4). The charges consist of \$0.05 per sheet copied, \$0.15 per envelope used, actual postage, and a charge of \$0.30 per minute for the time to copy. Records are also available in an encrypted electronic media format at \$0.37 per CD, \$0.10 per envelope, actual postage for Media and passwords, and a charge of \$0.30 per mute for the t11ne to process. Payment must be made before records are picked up or mailed. If you want your entire medical record, please indicate in the appropriate boxes above.