



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)

**Child(ren) Name(s):** \_\_\_\_\_

**Child(ren) Date of Birth:** \_\_\_\_\_

**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.

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 may be 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. Payment must be made before records are picked up or mailed if required. If you want your entire medical record, please indicate in the appropriate boxes above.