

3150 N. 12th Street • PO Box 10700 • Grand Junction, CO 81502-5517 (970) 245-1220 • (970) 243-5437 • (970) 241-6011 • (970) 255-1576 • FAX (970) 254-2656

** FAXED OR MAILED RECORDS RELEASE MUST BE ACCOMPANIED BY PARENT OR GUARDIAN PICTURED ID & WITNESS FULL SIGNATURE, ADDRESS, PHONE NUMBER **

Consent to Release Informa	ation □ Mai	l □ Pick Up - D	Oate
I hereby authorize:		To release to:	Allow 5 Working Days
Name	Name		
Address	Addres	Address	
This is to authorize you to release the request (One patient per line. If you need more space,			al(s):
Patient Name		Date of Birth	
Information Requested: □ Records for specialist referral □ Standard Records (last 3 yrs. office visits, physicals, growth chart, vaccines, problem list, labs, hospital notes) □ Limited Records (event, dates:)		Reason(s): ☐ Referral ☐ Consult ☐ Moving ☐ Age	☐ Dissatisfied. Reason
☐ Complete Records (copying fee charged) ☐ Immunization Records		☐ Changing Doctors ☐ Insurance	☐ Other
☐ Psychiatric Records ☐ Limited Records can be copied to a flash dri Social, Family, Past Medical histories, and Act First copies no charge; any extra copies will i	tive Problem list)	zations, Medications, Resu	lts, Vitals, Past Surgical,
I request and authorize the above named provide regarding the following conditions: drug or alcoho AIDS, sexually transmitted diseases, pregnancy of this authorization. I further understand that my way on whether I sign this authorization or not. disclosed to additional parties and no longer professions.	nol abuse, psychological or other sensitive inform ability to obtain treatm I understand that inforn	or psychiatric conditions, do ation. I understand that I a ent, my eligibility for benefi nation disclosed pursuant to	evelopmental disabilities, HIV, m under no obligation to sign ts, etc. will not depend in any o this authorization may be re-
Print Name R	elationship to Patient	Signa	ture
Date P	Phone Number		
W	Vitness Signature	Date	
I understand that I may revoke this authorization	on at any time by signir	ng the revocation section of	f my copy of this form and
returning it to address or name of office		Date	

Rev 12/20/11