DTC Family Health
8301 E Prentice Ave Suite 125
Greenwood Village, CO 80111
(303) 771-3939 Fax (303) 771-4949

Patient Name: _____ Date of Birth: _____ Phone #: _____

AUTHORIZATION TO RELEASE AND/OR OBTAIN PATIENT INFORMATION

I authorize the following facility: (Releasing facility)

_____
(Facility/Provider Name)

_____
(Complete Address, City, State, Zip)

_____
(Phone #) (Fax #)

To release information to: (Receiving facility)

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Information requested (check all that apply):

Date of service range (month/year): From:_____ To: _____

(☐) Complete Chart (☐) History and Physical (☐) Diagnostic Studies (☐) Laboratory Reports
(☐) Radiology Reports (☐) Pathology Reports (☐) Progress Notes (☐) Operative Reports
(☐) Mental Health Treatment _____ (Initial) (☐) Drug/Alcohol Treatment _____(Initial) (☐)HIV/AIDS Info_____(Initial)
(☐)Other (must specify): _____

Purpose of Release: (☐)Treatment/Diagnosis (☐)Insurance (☐)Legal (☐)Other: _____

Authorization: I herby give the releasing facility permission to disclose my protected health information as listed above. I understand that once this information is disclosed, it may no longer be protected. I understand that this authorization is voluntary. I understand that this authorization expires 90 days from the date of my signature. I understand that I can revoke this authorization in writing at any time, except to the extent that action has already been taken to comply with it. I release the above named, from liability and claims, of any nature, pertaining to the disclosure of the requested information contained in my medical records. A copy, fax or scan of this form is to be considered as valid as the original. I acknowledge that incomplete forms can not be processed and there may be a cost to copy the records.

_____ _____ _____
Signature of Patient/Guardian/Personal Representative Relationship Date

_____ (*If patient is unable to sign document for any reason*) _____
Witness Signature Date

Note: The process may take up to 30 days to provide this information. According to Colorado State Statutes, there may be a fee associated with your request, which may be required in advance. The charge is $16.50 for the first ten or fewer pages, $0.75 per page for pages 11-40, and $0.50 per page for every additional page. Actual postage or shipping costs and applicable sales tax, if any, may also be charged.