

Medical Records Release & HIPAA Authorization Form

I, _____, _____/_____/_____, authorize
Patient's First & Last Name Patient's Date of Birth

Gastroenterology of the Rockies and its employees to use and/or disclose my Protected Health Information from:

_____/_____/_____ to ____/____/_____ as indicated below to:
Date (mm/dd/yy) Date (mm/dd/yy)

Name of Person and/or Company _____

Phone # _____ Fax # _____

Address _____

City _____ State _____ Zip _____

Information To Be Released:

- | | |
|---|--|
| <input type="checkbox"/> Office Visits / Progress Notes | <input type="checkbox"/> X-ray / Imaging Reports |
| <input type="checkbox"/> Pathology / Lab Reports | <input type="checkbox"/> Insurance / Billing Information |
| <input type="checkbox"/> Hospital / Operative / Procedure Reports | <input type="checkbox"/> Other _____ |

We may not condition your right to receive health care services from us upon your signing this authorization. However, if the treatment to be provided is for research purposes, your failure to sign this authorization will prevent us from providing such treatment. When we use or disclose your health information to other parties as you have instructed in this authorization, we will not have the ability to monitor whether your health information may be further used or disclosed by such parties. In such a situation, your disclosed health information may no longer be protected by federal and state privacy laws.

I understand the following: Without my express revocation, this authorization will automatically expire 365 days from the date signed below, unless I request an expiration date less than 365 days. I may choose to revoke this authorization at any time, except to the extent that the action has already been taken to comply with it, by notifying Gastroenterology of the Rockies in writing.

I have a right to receive a copy of this authorization upon my requesting it.

Patient's or Legally Authorized Person's Signature

_____/_____/_____
Date (mm/dd/yy)

 **Gastroenterology of the Rockies**
382 S Arthur Ave Louisville, CO 80027

Ph: **303-604-5000**
Fx: **720-890-0364**



13952 Denver West Pkwy #100
Lakewood, CO 80401
Ph: 303-604-5000



1755 48th St., #100 Boulder, CO 80301
1000 W. South Boulder Rd., #200 Lafayette, CO 80026
1551 Professional Ln., #290 Longmont, CO 80501



11900 Grant St #360
Northglenn, CO 80233
Ph: 303-604-5000