Prairie PEDIATRICS

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Denver, CO 80249

Phone: (720) 734-8816
Fax: (720) 405-4454
www.prairiepeds.com

PLEASE FAX ALL AUTHORIZED RECORDS TO: 720-405-4454

Records Requested By:

Patient's Name:	Patient's Date of Birth:
Parent's Name:	Parent's Phone Number:

Records Requested From:

Medical Practice or Physician Name:	
Medical Practice or Physician Phone:	Medical Practice or Physician Fax:
Please release and send ALL medical records for this patient to Prairie Pediatrics, unless noted otherwise:	

Consent & Authorization:

By signing below, I consent that I have read and understand the following and authorize the entity named above to release medical records to Prairie Pediatrics.

1) This authorization is strictly voluntary, and my continued treatment is not conditioned upon signing this authorization.
2) I can revoke this authorization anytime in writing, but if I do, it will not have any effect on prior releases of information.
3) If this request is submitted to an entity that is not a non-healthcare provider or plan, the information may no longer be protected by federal law and may be re-disclosed.
4) Prairie Pediatrics is not responsible for unauthorized access to your PHI, or any other risks associated with this request.
5) I acknowledge that the released information may contain sensitive PHI and hereby consent to the release of such information.

Signature of Patient/Patient's Representative:	Date:
Name of Representative:	Relationship to Patient: