

**AUTHORIZATION TO REQUEST/ RELEASE MEDICAL INFORMATION**

Coal Creek Family Medicine  
1044 S. 88<sup>th</sup> Street, Suite 200  
Louisville, CO 80027  
PHONE: 303666-7119 **FAX: 303-666-5995**

PATIENT FIRST AND LAST NAME (Please Print): \_\_\_\_\_

BIRTHDATE (MM/DD/YEAR): \_\_\_\_\_

INFORMATION AUTHORIZED FOR RELEASE: (Please Initial)

\_\_\_\_\_ All Records \_\_\_\_\_ Lab Results \_\_\_\_\_ Pathology Results  
\_\_\_\_\_ HIV Testing \_\_\_\_\_ OB/GYN Records \_\_\_\_\_ Other

ARE YOU PERMANENTLY TRANSFERING PCP'S \_\_\_\_\_ YES \_\_\_\_\_ NO

REQUESTING FROM: (Print name & address of Doctor of Health care facility):

**Address, Phone & Fax:**

RELEASE RECORDS TO: (Print name, address of individual & fax, Doctor or Health care facility to whom records are to be released to):

**Coal Creek Family Medicine  
1044 S. 88<sup>th</sup> St. Suite 200  
Louisville, CO 80027**

**Phone 303-666-7119  
Fax 303-666-5995  
Email: [medicalrecords@coalcreekfamilymedicine.com](mailto:medicalrecords@coalcreekfamilymedicine.com)**

AUTHORIZATION – I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. I understand that unless specified below this consent will expire 180 days from the date of signature. I hereby release the health care provider from any liability, which may result from furnishing the information requested as authorization in this release. The health provider cannot be responsible for misuse of this information disclosure pursuant to this release.

Date \_\_\_\_\_ Signature of Patient \_\_\_\_\_ OR \_\_\_\_\_ Person Authorized to Sign for Patient \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please FAX 15 pages or less and mail if over 15 pages.  
**\*\*One Patient per Medical Records Request Form Only\*\***  
Please allow up to 10-business days to complete request.