8101 E. Lowry Blvd. # 260
Denver, CO 80230
303-214-4500/303-214-4570

11960 Lioness Way #270
Parker, CO 80134
720-974-5200/720-974-5239

Authorization/Release for Protected Health Information

Patient Legal Name _____ Date of Birth _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

I hereby authorize Denver-Vail Orthopedics, P.C. to disclose Protected Health Information of the patient listed above to:

_____

_____

_____

Type of Access Requested:

☐ Entire Record	☐ ER Reports	☐ History and Physical	☐ Consult Report
☐ X-ray CD $5.00	☐ Operative Note	☐ Lab	☐ Radiology Reports
☐ Billing Records	☐ Progress Notes	☐ Other	

- I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV results or AIDS information.
- I understand that this authorization may be revoked by me at any time except the extent that action has been taken in reliance upon it.
- The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected.
- I understand that there may be a fee involved with the fulfillment of this request. **See fee schedule below.**
- I have read the above and authorize the disclosure of the Protected Health Information.

Expiration: This authorization shall expire upon (check one):

☐ Fulfillment of this request

☐ Date_____

If no box is checked this authorization shall expire two years from the date of the signature below.

Date: _____

Signature of Patient/Legal Guardian:

_____

FEE SCHEDULE: Fees for duplication of Protected Health Information shall follow the Regulations for Patient Medical Reproduction Fees 6 C.C.R. 10111-1, Chapter 2, Part 5.2.3.4. which states the patient shall pay for the reasonable cost of obtaining a copy of his/her patient record, not to exceed $14.00 for the first ten or fewer pages, $.50 per page for pages 11-40, and $.33 per page for every additional page. Actual postage or shipping cost and applicable sales tax, if any, may be charged. I also understand that if my Protected Health Information is being transferred to another health care facility there will be no charge to me.