



Associates in Gastroenterology
Endoscopy Centers of Colorado Springs
 2940 N Circle Drive, Colorado Springs, CO 80909
 6031 E Woodmen Rd, Colorado Springs, CO 80923 Suite 100
 (719) 635-7321

Medical Records Release

Patient Name: _____ Date of Birth: _____

I hereby authorize:

Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To release my health information as indicated below to:

Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Delivery Method: ** Do not send in electronic form. Paper reports only**

- Pickup Fax Mail

Information to be released:

- Complete Chart

If not requesting the complete chart, please indicate the information you are requesting:

- Chart Notes Imaging Reports
 Lab Reports Other: _____

Please specify the dates of care: _____

Purpose of Disclosure:

- Changing physicians School Insurance
 Continuing care At my (patient) request
 Legal Other

I understand that this authorization will expire two years from the date on this authorization.
 I understand that I may revoke this authorization at any time by notifying the Privacy Officer, Julie Popelar at the address indicated below, in writing, and this authorization will cease to be effective on the date notified except to the extent action has already been taken in reliance upon it.

2940 N. Circle Dr.
 Colorado Springs, CO 80909

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by Federal privacy regulations. However, other state or federal law may prohibit the recipient from disclosing specially protected information.
 I understand that my refusal to sign this authorization will not jeopardize my right to obtain present or future treatment except where disclosure of the information is necessary for the treatment.
 I understand that I will get a copy of this form after I sign it.

By signing below, I acknowledge that I have read and understand this Authorization.

Signature: _____ **Date:** _____

For Office Use Only



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Date Requested: _____ Type of Identification Presented: _____

Date Request Filled: _____ Request Filled By: _____