



130 Rampart Way  
Suite 150  
Denver, CO 80230  
(303) 344-3625

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION**

I authorize the following facility:

To release information to:

**Family Medicine at Lowry  
130 Rampart Way #150  
Denver, CO 80230**

Records will be mailed directly to the person or organization specified above.

**Information requested (check if to be released):**

- |   |  |
|---|--|
| <input type="checkbox"/> Complete Chart             | <input type="checkbox"/> Diagnostic Studies        |
| <input type="checkbox"/> Pathology Reports          | <input type="checkbox"/> Operative Reports         |
| <input type="checkbox"/> Doctors Notes              | <input type="checkbox"/> Lab/X-Ray Reports         |
| <input type="checkbox"/> History and Physical       | <input type="checkbox"/> Psychological/Psychiatric |
| <input type="checkbox"/> Treatment Dates            | Specific Dates: _____                              |
| <input type="checkbox"/> Other (must specify) _____ |  |

Purpose of Release:  Treatment/Diagnosis  Insurance  Legal  Other: \_\_\_\_\_

This authorization is subject to written revocation at any time, except to the extent that action has already been taken in reliance upon it. In any event, this authorization expires 90 days from the date of signature. I release the above named facility and it employees or agents from liability and claims of any nature pertaining to the disclosure of requested information contained in my medical records.

Signature of Patient/Guardian/Personal Representative \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature (if patient is unable to document for any reason) \_\_\_\_\_ Date \_\_\_\_\_

Note: Information requested will NOT be provided if any of the above items have not been completed. This process may take 14-21 days to provide this information. According to Colorado State Statutes, there may be a fee associated with your request, which may be required in advance.