

CHILDREN'S MEDICAL CENTER

Practice Limited to Infants, Children and Young Adults

Children's Medical Center
1818 N. Ogden Street, Suite 300 Denver, CO 80218
Tel: 303-830-7337 | Fax: 303-830-1890
www.cmcpediatrics.com

Jay Markson, MD, FAAP
Mary Zavadil, MD, FAAP
Spyridon Papadopoulos, MD, FAAP
Erin Ambardekar, MD, MPH, FAAP
Debbie Chen-Becker, MD, FAAP
Elizabeth Sweeney, MD, FAAP
Kathryn Ginder, DO, F.A.A.P.
K. Lauren Mickey, MD, F.A.A.P.

Authorization to Release Healthcare Information

Patient's Name: _____ Date of Birth: _____

Parent's Name: _____ Patient Contact Number: _____

I _____ request and authorize to release healthcare information of the patient named above to: Person(s) being Authorized: _____.

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

This request and authorization applies to:

- Healthcare information relating to the following treatment, condition, or dates (_____)
- All healthcare information
- Rx Refills
- Other: _____

Specific Circumstances

- Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.
- Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

This authorization expires one year after signature and may be revoked at any time within that year.
At the discretion of the patient some information may not be disclosed.