

Highlands Integrative Pediatrics, PC

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Denver, CO 80211

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Medical Records Release Authorization (From HIP)

HIP will complete all medical records requests within 5-10 business days. If we find a request is requiring more time, we will call the parent/guardian named below and notify them of the delay. The chart basics, including immunization records, growth and development charts, last well visit notes, and problem list are copied at no charge. If you are requesting a copy of the full chart, there may be a charge assessed. The charges consist of \$0.05 per sheet copied, actual postage and \$0.20 per envelope, which is lower than the Colorado State statute § 6 C.C.R. 1011-1, Chapter 2, Part 5.2.3.4 and in compliance with HIPAA § 165.524 (c,4). Payment is required before records will be mailed or picked up. Thank you.

I authorize Highlands Integrative Pediatrics to release protected health information to:

Name of Dr. or Organization: _____

Address: _____

Phone: _____ Fax: _____

Secure Email: _____

Please send:

Basic Chart, limited to: immunization record, growth and development charts, last well visit notes, and problem list. (No fee)

Entire Chart, including but not limited to: immunization record, growth and development charts, all office and consultation notes. (Fees assessed as explained above)

Please choose one of the following options:

I will **PICK-UP** medical records when they are ready.

Please **MAIL** medical records to the Dr. or Organization listed at the address above.

Please **FAX** medical records to the Dr. or Organization listed at the fax number above (20 pgs maximum).

Please **MAIL** medical records to my home address below.

Please **EMAIL** medical records to provider above.

Child's name: _____ Date of birth: _____

PATIENT OR PARENT/GUARDIAN SIGNATURE:

DATE: _____

(If over 18 years of age, patient must sign)

Name of Signee (please print): _____

HOME/NEW ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER: _____

** PLEASE NOTE: This authorization will expire 90 days after the date identified above. In the event that you need to cancel this authorization, the cancelation must be received in writing. If the records have already been sent to the organization listed on this request, a separate written revocation must be sent to those persons.