



## Medical Record Release

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If applicable, previous name \_\_\_\_\_)

**I. My Authorization:** (Check which applies) You may use or disclose the following health care information

All my health information...  
 maintained by Dermatology Specialists  
 maintained by \_\_\_\_\_

My health information relating to the following treatment / condition: \_\_\_\_\_

My health information only for these date(s): \_\_\_\_\_

(Check which applies) You may use or disclose this health information to:

TO: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TO: Dermatology Specialists | Ph#: 303-442-6647 | Fax #: 303-442-2696

(Check which applies) Reason(s) for this authorization:

At my request

Other (please specify: \_\_\_\_\_)

**II. My Rights:** (please read & sign below)

I understand I do not have to sign this authorization form in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form:

- To take part in a research study **OR** To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the above-named practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:

- Fill out a revocation form (form is available from the office) **OR** Write a letter to the office.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

\_\_\_\_\_  
(patient/legal guardian signature)

\_\_\_\_\_  
(relationship to patient)

\_\_\_\_\_  
(patient/legal guardian printed name)

\_\_\_\_\_  
(date)

### BOULDER

2880 Folsom Street, Suite 200  
Boulder, CO 80304

### BRIGHTON

36 South 18th Avenue, Suite H  
Brighton, CO 80601

### LOUISVILLE

1056 South 88th Street  
Louisville, CO 80027

### LOVELAND

776 W Eisenhower BLVD  
Loveland, CO 80537

### NORTHGLENN

11990 Grant St Ste 300  
Northglenn, CO 80233