



1330 Oakridge Drive, #100  
Fort Collins, CO 80525  
p 970.484.4871  
f 970.482.4927  
pediatricassociatesnc.com

**Authorization to Release and/or Disclose Health Care Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize Pediatric Associates of Northern Colorado (PANC), 1330 Oakridge Drive, #100 Fort Collins, CO 80525 to release and/or disclose my medical records and/or information as indicated below, to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. **Authorization:** You may release and/or disclose the following health care information (check all that apply):

All health information maintained by PANC.

All health information maintained by PANC **except:**

- Information related to drug abuse
- Information related to alcohol abuse
- Information related to HIV/AIDS
- Information related to psychological/psychiatric conditions (including psychotherapy notes)

Health information related to the following treatment/condition: \_\_\_\_\_

Health information for the following dates: \_\_\_\_\_

Reason for this authorization (check all that apply):

At my request: \_\_\_\_\_

Other: \_\_\_\_\_

This authorization ends on:

Date: \_\_\_\_\_

2. **Patient Rights:** I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization that I must do so in writing and present my written revocation to the entity which was originally authorized to disclose the information. Once the office discloses the health information, the person or organization that receives it may re-disclose it, as privacy laws no longer protect it.

\_\_\_\_\_  
Parent or Legally Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name if Signed on Behalf of Patient

\_\_\_\_\_  
Date

**\*Cost for each Medical Record is as follows:**

**1<sup>st</sup> 10 pages = \$10.00**

**Pages >11 = \$0.25 per page**