Cornerstone Pediatrics 90 Health Park Drive, Suite 160
Louisville, CO 80027
(303)673-9030 (303)604-1095 - Fax

REQUEST TO SEND MEDICAL RECORDS TO ANOTHER PROVIDER

Release Records To: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

<u>*We must have a phone or fax to complete this request*</u>

Patients Name:
Last: _____ First: _____ DOB _____
I authorize Cornerstone Pediatrics to disclose the following specified health care information to the above named organization on this request.

Please initial all information you <u>DO NOT</u> want to release:
_____ Drug abuse, if any _____ Substance abuse, if any

_____ Psychological or psychiatric conditions, if any _____ AIDS/ HIV if any

This information is to be released for:
_____ Verification of Insurance Coverage
_____ Release of Records to another Medical Facility
_____ Leaving Cornerstone Pediatrics to transfer to another Medical Facility

I understand that I may cancel this authorization to release information at any time. I also understand that once the information has been given out in good faith; I cannot stop it from being used. I understand that the information released is not to be disclosed to any other individual/agency without my further written permission. This consent will automatically expire one (1) year after the date signed or when it is no longer needed for the purpose stated above, whichever is later.

Person authorized to sign for the patient(s):

_____	_____	_____	_____
Print Name	Relationship	Signature	Date

_____
Best phone number to be reached during business hours

Colorado State Law allows us to charge for transferred records. The charges allowed are $14.00 for the first ten pages and $.50 for pages 11-40, and $.33 for each additional page over 40. Charges may apply for personal or insurance records release, or to release to multiple doctors.

Updated 02/13/19