Medical Records Release & HIPAA Authorization Form

I, _____ _____/_____/_____ , **authorize**
Patient's First & Last Name — Patient's Date of Birth

Gastroenterology of the Rockies and its employees to use and/or disclose my Protected Health Information from:

_____/_____/_____ **to** _____/_____/_____ **as indicated below to:**
Date (mm/dd/yy) — Date (mm/dd/yy)

Name of Person and/or Company_____

Phone # _____ Fax # _____

Address _____

City _____ State_____ Zip_____

Information To Be Released:

- ☐ Office Visits / Progress Notes
- ☐ X-ray / Imaging Reports
- ☐ Pathology / Lab Reports
- ☐ Insurance / Billing Information
- ☐ Hospital / Operative / Procedure Reports
- ☐ Other_____

We may not condition your right to receive health care services from us upon your signing this authorization. However, if the treatment to be provided is for research purposes, your failure to sign this authorization will prevent us from providing such treatment. When we use or disclose your health information to other parties as you have instructed in this authorization, we will not have the ability to monitor whether your health information may be further used or disclosed by such parties. In such a situation, your disclosed health information may no longer be protected by federal and state privacy laws.

I understand the following: Without my express revocation, this authorization will automatically expire 365 days from the date signed below, unless I request an expiration date less than 365 days. I may choose to revoke this authorization at any time, except to the extent that the action has already been taken to comply with it, by notifying Gastroenterology of the Rockies in writing.

I have a right to receive a copy of this authorization upon my requesting it.

_____ _____/_____/_____
Patient's or Legally Authorized Person's Signature — Date (mm/dd/yy)

Gastroenterology of the Rockies
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Ph: **303-604-5000**
Fx: 720-890-0364

Denver West Endoscopy Center
13952 Denver West Pkwy #100
Lakewood, CO 80401
Ph: 303-604-5000

Endoscopy Center of the Rockies
1755 48th St., #100 Boulder, CO 80301
1000 W. South Boulder Rd., #200 Lafayette, CO 80026
1551 Professional Ln., #290 Longmont, CO 80501

Northglenn Endoscopy Center
11900 Grant St #360
Northglenn, CO 80233
Ph: 303-604-5000