ASPEN VALLEY HOSPITAL
CENTER FOR MEDICAL CARE

Primary Care Clinic Phone 970-279-4111
Primary Care Clinic Fax 970-927-3915

REQUEST FOR MEDICAL RECORDS AND AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION FROM OTHER FACILITY

I, ____, born on ____________________________,
Patient's Full Name Date of Birth

and residing at ____,
Address, City, State, Zip, Telephone #

authorize ____
to release information from my medical record. This authorization includes release of information concerning treatment of psychiatric or psychological conditions, drug and/or alcohol conditions, and HIV or AIDS related conditions or testing. Information I authorize to be released:

[ ] Entire Medical Record [ ] Discharge Summary [ ] ER Record
[ ] History and Physical [ ] Operative Report [ ] Pathology Report
[ ] Diagnostic Testing Results (lab, x-ray, images)
Other:____

The information is to be released to: Aspen Valley Primary Care Clinic **FAX TO 866-363-2015**
1460 East Valley Road
Basalt, CO 81621
FAX: 866-363-2015

I request this information to be released for the purpose of:
[ ] Continued medical care [ ] Personal interest [ ] Billing/and or Claims [ ] External Review
[ ] Other: ____

I understand I may revoke this authorization at any time except to the extent action has been taken prior to revocation. Revocation must be made in writing to Aspen Valley Hospital. This authorization will expire on ______________________. I affirm that I have read and understand the above statements as they apply to me. I understand that treatment, payment, enrollment in any health plan, or eligibility for benefits are not conditioned on signing this authorization. I hereby authorize the disclosure of the medical records to the purpose and extent stated above. I understand that once these records are released, the information is not protected by the releasing entity.

____ ________________ ____________
Patient's Signature Date Signed Time Signed

____
Parent, Guardian, Authorized Representative

____
Relationship to Patient

AVH Staff to Complete:
[ ] ID Checked
Released by ___________________________
Date ______/______/______
Via: [ ]Mail [ ]Fax [ ]In Person [ ]Email
[ ] Entered in Correspondence by ____