

# Kids Are Great Pediatrics

**\*Robert Sayers MD \* Janette Bachmann MD \* Richard Kouri MD \* Keith Poston FNP \* Kristen Maciel PNP**

320 E. Fontanero, Suite 308  
Colorado Springs, CO 80907

719.577.4200 main  
719.442.6595 fax

## Authorization for Disclosure of Health Information

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

Expiration Date (max 1 year from today): \_\_\_\_\_

I authorize

Records from:

Released to:

Name: \_Kids Are Great Pediatrics\_

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

Address: \_320 E Fontanero St Ste 308\_

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

City, State, Zip: \_CO Springs, CO 80907\_

City, State, Zip: \_\_\_\_\_

Phone: \_719-577-4200\_

Phone: \_\_\_\_\_

Fax: \_719-442-6595\_

Fax: \_\_\_\_\_

Records from:

Released to:

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

Name: \_Kids Are Great Pediatrics\_

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

Address: \_320 E Fontanero St Ste 308\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_CO Springs, CO 80907\_

Phone: \_\_\_\_\_

Phone: \_719-577-4200\_

Fax: \_\_\_\_\_

Fax: \_719-442-6595\_

Patient Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian or Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Pick up in office     Fax     Mail     For Communication

All Medical Records     Immunization records only     Physical from record only     Prescriptions     Medication Forms

Encounter note(s) \_\_\_\_\_

Other \_\_\_\_\_

In addition to my general medical records (or those of a party to whom I am the guardian), I give individual permission per condition for information pertaining to the following to be released with my medical records to the person listed above (initial as applicable).

Sexually Transmitted Diseases     Drug/Alcohol Abuse     Behavioral Health, Psychiatric Treatment     HIV

Reason(s) for records being released: \_\_\_\_\_

Patient's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission.

I understand that uses and disclosures already made based upon my original permission cannot be taken back. A copy of this authorization is as valid as the original.

**\* THIS AUTHORIZATION IS ONLY VALID WITH A VALID ID**

**\* Any full charts or records over 50 Pages will be put on a CD. There is a \$15.00 fee for each CD**