

# Kids Are Great Pediatrics

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320 E. Fontanero, Suite 308  
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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\_  
Address: \_320 E Fontanero St Ste 308\_  
City, State, Zip: \_CO Springs, CO 80907\_  
Phone: \_719-577-4200\_  
Fax: \_719-442-6595\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Records from:

Released to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_Kids Are Great Pediatrics\_  
Address: \_320 E Fontanero St Ste 308\_  
City, State, Zip: \_CO Springs, CO 80907\_  
Phone: \_719-577-4200\_  
Fax: \_719-442-6595\_

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

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

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**

**\* There is a \$15.00 fee for each chart being requested. Any charts over 50 pages will be put on a CD. If you are requesting records to be sent to a new provider there is no charge.**

**\*Please allow up to 30 business days for processing**