

Internal Medicine Clinic of Fort Collins, PC
1100 Poudre River Drive ~ Fort Collins, CO 80524
Phone: (970) 224-9508 ~ Fax: (970) 224-1210

Authorization to Release Medical Information

In order to comply with Federal Laws, we must have your written permission to disclose any confidential information to any party regarding your healthcare or medical records.

I, _____ do hereby give my permission to Internal Medicine Clinic and its staff to release and/or review medical information, test results, referral information or prescriptions to my family member(s), agent(s), or a facility as listed below:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Should Internal Medicine Clinic and its staff need to contact me by phone, regarding test results, referrals, medical information, etc. Unless I specify otherwise in writing, this release authorizes this information to be left on the answering machine or voice mail, or be given to the person answering the phone if I am unable to come to the phone.

This release shall remain in effect until such time as written notice is provided stating otherwise.

Signature: _____

Printed Name: _____ Date: _____