## **Cornerstone Pediatrics**

Avista Location: 90 Health Park Drive, Suite 160 Louisville, CO 80027 Children's Hospital Location 469 State HWY 7, Suite #400 Broomfield, CO 80023

Phone- (303)673-9030, Fax-(303)604-1095

## REQUEST TO SEND MEDICAL RECORDS TO ANOTHER PROVIDER

Release Records To:			
Address:			
City:	State: Zij	o:	
Phone:	State: Zip Fax:		
<u>*V</u>	Ve must have a phone of	or fax to complete	this request*
Patients Name:			
Last:	First:	DOB	the above-named organization on this
I authorize Cornerstone request.	Pediatrics to disclose the following	g health care information to	the above-named organization on this
Behavioral health service health, gender issue or Patient 12 years or older	er signature required to release these	substance abuse, sexually tr	
Signature of patient			
Release of record	ls to another medical facility ls to patient/parent	Pertinent medical recor	wth chart, Immunizations, Problem list ds for Specialist/Diagnosisto
information has been gi not to be disclosed to an expire one (1) year afte	ny other individual/agency without	o it from being used. I under my further written permission r child becomes an adult und	also understand that once the stand that the information released is on. This consent will automatically der Colorado state law, or when it is no
Person authorized to sig	gn for the patient(s):		
Print Name	Relationship	Signature	Date
Best phone number to b	be reached during business hours		
Colorado State Law allow	vs us to charge for transferred records.	The charges allowed are \$14.00	) for the first ten pages and \$.50 for pages

11-40, and \$.33 for each additional page over 40. Charges may apply for personal or insurance records release, or to release to multiple

doctors.