## **Cornerstone Pediatrics**

Avista Location: 90 Health Park Drive, Suite 160 Louisville, CO 80027

(303)673-9030

Children's Hospital Location: 469 State HWY 7, Suite #400 Broomfield, CO 80023

(303)604-1095 - Fax

## REQUEST FOR RELEASE OF MEDICAL RECORDS TO CORNERSTONE PEDIATRICS

Patients Name			
Last	First_		D.O.B
I authorize	to	disclose the follow	ring specified health care information below
Dhona number	ganization on this request.		to contact them to get records
Phone number	rax number		to contact them to get records.
** WE MUST HAVE A	PHONE NUMBER AND FA	AX NUMBER IN OF	RDER TO COMPLETE THIS REQUEST**
Behavioral health service gender issue or HIV/AID	s/psychiatric care, alcohol and	l/or substance abuse,	rence to the following condition(s): sexually transmitted disease or reproductive health,
Signature of patient			
Release of records	to another medical facility	Pertinent med	eleased: sits, Growth chart, Immunizations, problem list lical records for Specialist/Diagnosisto
has been given out in goo disclosed to any other ind	d faith: I cannot stop it from b lividual agency without my fur , the date the minor child beco	eing used. I understatther written permission	r time. I also understand that once the information and that the information released is not to be on. This consent will automatically expire one (1) plorado law or when it is no longer needed for the
Person authorized to sign	for the patient(s):		
Print Name	Relationship	Signature	Date
Best Phone number to be	reached during business hours	5	

PLEASE DO NOT FAX RECORDS OVER 25 PAGES, PLEASE MAIL TO THE ADDRESS ABOVE.