



PATIENT COST FOR MEDICAL RECORDS (Effective 04/01/2017)

- \$14.00 for the first 10 or fewer pages
• \$0.50 per page for pages 11-40
• \$0.33 per page for every additional page
• \$5.00 for CD containing X-Ray's
• Actual postage may be charged

Authorization to Release Medical Records/Information

(Patient Name) request Medical Records from:

(Patient Name) authorizes medical records to be sent to:

Name _____

Address _____

Patient's name: _____

Social Security #: _____ DOB: _____

I authorize the health care provider to release the information specified below to _____.

Colorado Orthopaedics will ONLY Release Medical Information generated by our facility.

I specifically authorize the release of information regarding the following condition(s):

Other: _____ Clinic Notes _____ Diagnostic Imaging/X-Rays _____ Lab Results

Initials _____ Drug abuse if any

_____ Psychological or psychiatric conditions if any

Initials _____ Substance abuse if any

_____ AIDS/HIV if any

Expiration or revocation of authorization – I understand that I may revoke this authorization at any time.

Use of copies – A copy of this authorization may be utilized with the same effectiveness as an original.

Patient's name (print):

Patient's signature:

Date: _____

Person authorized to sign for patient: (print or type)

Signature:

Relationship to patient: _____

Date: _____