



**ROCKY MOUNTAIN
SENIOR CARE**



Address: 5920 McIntyre Street, Golden, CO 80403 Phone: (720) 434-4876 Fax: (303) 225-4246

RELEASE OF MEDICAL INFORMATION FROM ROCKY MOUNTAIN SENIOR CARE

Patient Name

DOB

- I give my permission to Rocky Mountain Senior Care to release any information regarding my health including lab results, imaging results, or any other requested information in my medical records to my spouse or designated individual as listed below.

Name: _____

Relationship: _____

- I give permission for any and all of my records to be faxed or mailed directly to another medical provider, facility, or myself as needed for medical care.
- I give permission to Rocky Mountain Senior Care to view my medication fill/refill history.

THIS AUTHORIZATION IS VALID UNTIL I GIVE WRITTEN NOTIFICATION TO WITHDRAW THIS REQUEST.

Social Security Number

Date

Patient Signature

Witness