



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

Social Security Number

- I give my permission to Rocky Mountain Senior Care to release information regarding my health as specified below to myself, spouse or designated individual as listed below.

Release Records to: _____

Relationship to Patient: _____

Fax/Email/Address: _____

- I give my permission to Rocky Mountain Senior Care to release information regarding my health as specified below to another medical provider or health care facility.

Release Records to: _____

Fax, Email, or Address: _____

Medical records to be released:

- Provider Encounter Notes
 Labs/Imaging Reports
 Medication List
 Other: _____

Date Range: _____ to _____

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

Patient Signature

Today's Date

Witness Signature

Today's Date