COLORADO INTERNAL MEDICINE

A Concierge Medical Practice

Authorization For Release of Medical Information

I am authorizing Colorado Internal Medicine to release or communicate information regarding my medical care, test results, and medical treatment plan to the following individuals. Additionally, I am authorizing Colorado Internal Medicine to leave messages on the voicemail provided below. Please check the appropriate box(s):

☐ Do not release my information to anyone other than myself

☐ You may release my information to my significant other/spouse

Significant other/Spouse's full legal name ________________________________

☐ You may release my information to the below listed person (i.e., friend, translator, assistant)

Authorized Person's full legal name ____________________________________

☐ I authorize Colorado Internal Medicine to leave detailed voice messages at the following phone number: ________________________________

Printed Patient Name ____ DOB _________

Patient Signature ____ Date___________

Parent/Legal Guardian _______________________________________ Date___________

Practice Representative ______________________________________ Date___________

FOR OFFICE USE ONLY

I confirm that I have read and fully understand the information contained in this consent and agreement and have been given an unrestricted opportunity to ask questions and receive answers to my satisfaction and understanding. This consent to release confidential information may be revoked by me in writing, at any time, except to the extent that action has already been taken. No further confidential information will be released without the execution of an additional written statement of authorization. I understand that this information is protected under federal and state law and cannot be disclosed without my consent unless otherwise provided by law. Having read the above information, I hereby release, hold harmless and agree not to sue the practice, its employees, staff and agents, in connection with the disclosure of information set forth relating to this medical information.