



Authorization to Release and/or Exchange Medical Records

Patient Information

Patient Name: _____ Date of Birth: _____
Street Address _____ City _____
State: _____ Zip: _____ Phone Number: (____) _____

I authorize the holder of the record:

Name of Provider/Entity: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Phone Number: (____) _____
Fax: (____) _____

To send/provide/disclose (Circle your choice) the records listed below to the following:

Name of Provider/Entity: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Phone Number: (____) _____
Fax: (____) _____

Information to be released or requested - Please check all that apply:

- Immunization Results Discharge Summary Imaging Reports
- Preventive Exams Laboratory and Pathology Operative Notes
- Screening Tests Well Child/School Physicals Medication List
- Chronic Illness Management Diabetic Routine Care Other _____
- Please provide my entire medical record for dates:
From: _____ To: _____

Sensitive Information - This information will not be released or requested unless initialed by the patient

- Sexually Transmitted Disease Records Genetic Testing
- Psychiatric Medications HIV/AIDS Related Information

Purpose of Request

- Personal Continuity of Care Treatment Insurance Legal
- Patient Portal Other (specify) _____

Authorization Will Expire in One Year Unless Otherwise Indicated

- Condition: _____ Date _____



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Please select how you would like to receive your records:

- Electronic Format (CD) (**\$15 Fee**)
- Paper Format (**Page Fee** \$18.53 pages 1-10, \$.85 pages 10-40, \$.57 pages over 40) plus postage and actual cost of mailing
- Secure Email (**\$6.50 Fee**)
- No Records Sent/Personal Health Information (PHI) Access Only.

Email Address: _____

Records sent to another medical office will be provided at no charge.

*Definition of Continuity of Care Record (CCR) – Electronic Summary of partial or all medical information contained within the electronic health record. Designed to allow ease of transfer of care from one entity to another and could potentially be imported into another electronic health record.

1. I understand that the medical information released by this authorization may include information concerning treatment of physical and mental illness, alcohol/drug abuse and past medical history.
2. I understand this authorization will expire, without my express revocation, either one year from the date of signing, or if I am a minor, on the date I become an adult according to state law, whichever occurs first. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on it. I understand the revocation will not apply to information that has already been released as specified by this authorization or to my insurance company when the law provides my insurer with the right to contest a claim under my policy or the policy itself.
3. I understand that authorization for the disclosure of this health information is voluntary and I can refuse to sign this authorization. VWHS cannot condition treatment, payment, and enrollment in the health plan or eligibility for benefits on the signing of an authorization, except as otherwise permitted by law. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.
4. I accept full financial responsibility for copying fees.

Patient Name (Print): _____

Date: _____

Patient Signature: _____

Date: _____

Parent or Legal Guardian (Print): _____

Date: _____

Signature of Parent or Legal Guardian: _____

Date: _____

(Required for all patients under the age of 18 unless otherwise allowed by law)

Notice to Recipient of Confidential Information

The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31).



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The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

Valley Wide Health Systems, Inc. Locations

FACILITY OR CLINIC NAME	ADDRESS
Valley-Wide Health Systems, Inc., Administrative Services Building	128 Market Street, Alamosa, CO 81101
Alamosa Dental Clinic	128 Market Street, Alamosa, CO 81101
Alamosa Family Medical Center VWHS Pharmacy	1710 First Street, Alamosa, CO 81101
Center Dental Clinic	220 South Worth Street, Center, CO 81125
Cesar E Chávez Family Medical Center	186 N Hurt Street, Center, CO 81125
Convenient Care Community Clinic	1131 Main Street, Alamosa, CO 81101
Counseling and Support Center	204 Carson Avenue, Alamosa, CO 81101
Edward M. Kennedy Health Clinic, Edward M. Kennedy Dental Clinic Rehabilitation & Physical Therapy	925 Second Avenue, Monte Vista, CO 81144
Guadalupe Health Center Rehabilitation & Physical Therapy	10 th Street and Dahlia, Antonito, CO 81120
La Jara Dental Clinic	421 Walnut Street, La Jara, CO 81140
La Junta Clinic La Junta Convenient Care Clinic	1012 Belmont Avenue, La Junta, CO 81050
Las Animas Clinic Las Animas Dental Clinic	245 Vine Ave., Las Animas, CO 81054
Moffat Family Health Center	545 Moffat Way, Moffat, CO 81143
Rocky Ford Clinic Rocky Ford Dental	903 S Twelfth Street, Rocky Ford, CO 81067
San Luis Health Center Ernesto Pacheco Dental Clinic Rehabilitation & Physical Therapy	233 Main Street, Suite B, San Luis, CO 81152
Sierra Blanca Medical Center Alamosa Rehabilitation & Physical Therapy Mobile Health Unit	106 Blanca Ave., Suite. 300, Alamosa, CO 81101
The Pulse	1215 Main Street, Suite B, Canon City, Co 81212
Valley-Wide Buena Vista	707 US Hwy 24 North Buena Vista, CO
Valley Wide Canon City	121 North 6 th Street, Canon City, CO 81212
Valley Wide Ordway	319 Main Street, Ordway, CO 81063