

Blue Skies Center for Women
140 Parkside Drive
Colorado Springs, CO 80910
719-471-3471; FAX: 719-471-0744

Andrew Fowler, MD Stephanie Fowler, MD
Deborah Chan, MD Carol Hurst, CNM
Terri Hamm-Johnson, RNC CNP
Debra Baker, RxN CNP Judy Oldendorf, RNC CNP

AUTHORIZATION TO RELEASE MEDICAL RECORDS/INFORMATION

PHYSICIAN OR FACILITY TO PROVIDE RECORDS: **Blue Skies Center for Women**
140 Parkside Drive
Colorado Springs, CO 80910

PATIENT'S NAME: _____

SOCIAL SECURITY #: _____ - _____ - _____ DOB: ____/____/____

PERSON OR PROVIDER TO **RECEIVE** RECORDS: (NAME & ADDRESS) _____

ARE YOU TRANSFERRING YOUR CARE TO ANOTHER PROVIDER? YES NO
IF YES, PLEASE EXPLAIN _____

I AUTHORIZE THE HEALTH CARE PROVIDER TO RELEASE THE INFORMATION SPECIFIED BELOW TO THE ORGANIZATION, AGENCY, OR INDIVIDUAL NAMES ON THIS REQUEST. I SPECIFICALLY AUTHORIZE THE RELEASE OF INFORMATION REGARDING THE FOLLOWING CONDITION(S):

INITIALS: _____ INITIALS: _____
_____ DRUG ABUSE, IF ANY _____ SUBSTANCE ABUSE, IF ANY
_____ PSYCHOLOGICAL OR PSYCHIATRIC CONDITIONS, IF ANY _____ AIDS/HIV IF ANY

RELEASE RECORDS LISTED BELOW: CHOOSE ONE (1) OPTION ONLY

ALL MEDICAL RECORDS AT THIS FACILITY INITIALS _____ INITIALS _____
ONLY RECORDS GENERATED BY THIS FACILITY

ONLY SPECIFIED RECORDS
(SPECIFY) _____ INITIAL _____

EXPIRATION OF 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

AUTHORIZED PERSONS: PERSON AUTHORIZED TO SIGN FOR PATIENT MUST HAVE MEDICAL DURABLE POWER OF ATTORNEY ATTACHED

PATIENT NAME

PATIENT OR DESIGNATED PERSON SIGNATURE

RELATIONSHIP TO PATIENT

DATE