

Authorization to Release Protected Health Information (PHI) to OnPoint Family Medicine @ Dakota Ridge

Patient Legal Name: _____
Last First Middle (initial) Date of Birth

Address: _____

City: _____ State: _____ Zip Code: _____

Please fill out completely. Incomplete information can cause delay's in Release and/or Receipt of records.

I Hereby Authorize:

Name/Organization: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Fax: _____

Reason(s) for this authorization: Transfer of Care to a New Provider due to: _____

For Personal Records Other _____

Disclose Medical Records (PHI) of the patient listed above to:

OnPoint Family Medicine @ Dakota Ridge
13402 W COAL MINE AVE STE 240

LITTLETON
CO
80127-5407
Fax: (720) 645-2998

Please disclose the following medical record information (Check all that Apply)

- All my Health Records and Images
- Other records related to: _____
- Specific Date Range From: _____ To: _____

Circle to Include or Exclude the following:

- Include or Exclude: My health information related to drugs/alcohol abuse
- Include or Exclude: My health information related to HIV/AIDS
- Include or Exclude: My health information related to psychological/psychiatric conditions

My Rights:

I understand I do not have to sign this authorization form:

- in order to get healthcare benefits (treatment, payment, or enrollment)
- to take part in a research study
- to receive healthcare when the purpose is to create health information for a third party

I may revoke this authorization in writing, If I do, it will not affect any action already taken by the above-named practice based on this authorization.

I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke authorization are:

- Fill out a revocation form, form is available
- Or write a letter to the practice

Patient or legally authorized individual signature: _____

Printed Name: _____ Relationship to Patient: _____ Date: _____

Office Use Only: Date Processed: _____ Initials of OPMG Representative: _____