



7780 S Broadway #220  
Littleton, Co 80122  
303-795-2345

Date\_\_\_\_\_

**Consent for Medical Records Release**

1. Payment is required in advance for any/all medical records copied. The charge is \$14.00 for EACH child's medical records. Please make payable to Arapahoe Park Pediatrics. We will e-mail you the copy of the medical records to increase efficiency.
2. This authorization for release of medical records expires 60 days from the date of signature.
3. **Patients over the age of 18years of age must sign for their own copies; parents are not permitted to request the medical records.**
4. Records transferred from a **previous primary care** can be picked up at our office for no charge. We will destroy records 30 days after you are notified to pick them up. *These records can be mailed for the actual cost of postage.*

I authorize **Arapahoe Park Pediatrics** to release my records or my child(ren's) records to:

Name/Physician\_\_\_\_\_

Email Address\_\_\_\_\_

*Please inform the medical records staff if you would like the records mailed.*

*Additional fees apply.*

Signature of Individual making Request\_\_\_\_\_

Print Name\_\_\_\_\_Phone #\_\_\_\_\_

**Patient(s) Name(s) and Birthday(s)**

\_\_\_\_\_  
\_\_\_\_\_

**Form of Payment - Please make payable to Arapahoe Park Pediatrics**

Cash \$\_\_\_\_\_ Check #\_\_\_\_\_ Check Amount\$ \_\_\_\_\_

Visa/MC/Discover Card #\_\_\_\_\_

Expiration Date\_\_\_\_\_ Security Code\_\_\_\_\_

**Reason for Request**

- Transferring out of the Practice
- Copies for Personal/Insurance/Attorney