



**Front Range Dermatology Associates, PC**

6801 W. 20<sup>th</sup> St. Suite 208 Greeley, CO 80634  
 2923 Ginnala Dr Loveland, CO 80538  
 500 Main Street, Fort Morgan, CO 80701  
 4038 Timberline Road, Suite 100 Fort Collins, CO 80525  
 P: 970-673-1155

**Consent to Access or Release Medical Records**

Signature of person requesting records: \_\_\_\_\_

Please send a copy of this release with the requested records:

Patient Information			
Patient Name:	Date of Birth:	SS Number:	Ph #:
Address:	City:	State:	Zip:

Release From:		
Clinic:	Address:	Phone:
Dr.:	City:	Fax

Release To: (Name of physician or facility)			
Physician/Facility Name: Front Range Dermatology Associates, PC			
Address:	City:	State: CO	Zip:
Ph#: 970-673-1155	Fax#:		

Release To Patient:
<input type="checkbox"/> I request to inspect and/or receive copies of my medical records. I understand that the following charges apply: \$14 for the first ten (10) pages of copies; \$0.50 for each page from 11-40; and \$0.33 for each page thereafter. (Refer to the Colorado Department of Health Regulation Chapter 2, part 5.2.3.4) Payment required prior to records being released.

Release Information:			
Reason:	<input type="checkbox"/> Change of Insurance	<input type="checkbox"/> Transfer of care	<input type="checkbox"/> Personal File
	<input type="checkbox"/> Moving out of area	<input type="checkbox"/> Specialist Consult	<input type="checkbox"/> Legal
Please Release the following information:			
<input type="checkbox"/> Recent H&P	<input type="checkbox"/> Last 3 Visits		
<input type="checkbox"/> Lab Reports	<input type="checkbox"/> Radiology Reports		
<input type="checkbox"/> Hospital Records	<input type="checkbox"/> Other:		
<input type="checkbox"/> Release of HIV/HTLV/AIDS test results			

