



# South Denver Internal Medicine

*A Concierge Medical Practice*

Charles H. Miranda, MD, FACP

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS (PLEASE PRINT OR TYPE)

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, the undersigned, hereby authorize:

### Physician who you are requesting records from:

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

to release my medical records, laboratory and diagnostic reports to:

#### South Denver Internal Medicine

Charles H. Miranda, MD  
10459 Park Meadows Dr, Suite 101  
Lone Tree, CO 80124  
Office (303) 799-8890  
Fax (303) 799-8891

I am requesting that my **entire medical record** be released for the purpose of **continuing medical care**. I understand that this authorization authorizes the release of all medical records including but not limited to records concerning Psychiatric, Drug or Alcohol Abuse, and communicable diseases such as Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS).

The information provided is confidential and any re-disclosure by the recipient is prohibited without written consent. **Records requested should be released within 30 days from receipt of this release.**

This consent to release confidential information may be revoked by me in writing, at any time, except to the extent that action has already been taken. No further confidential information will be released without the execution of an additional written statement of authorization. I understand that these records are protected under federal and state law and cannot be disclosed without my consent unless otherwise provided by law. Having read the above information, I hereby RELEASE, HOLD HARMLESS AND AGREE NOT TO SUE the Practice, its employees, staff and agents, in connection with the disclosure of information set forth relating to these medical records.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_