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Certified by The American Board of Surgery
Certified by The American Board of Thoracic Surgery
Certified in General Vascular Surgery
Certified in Surgical Critical Care

Vascular Surgery

HISTORIC GEBHARD MANSION 2253 DOWNING STREET DENVER, COLORADO 80205 303-830-8822 1-800-992-4676

AUTHORIZATION for RELEASE of MEDICAL INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or healthcare provider, the released information may no longer be protected by Federal privacy regulations.

Patient name: _____ DOB: _____

Persons/organizations providing the information: _____

Complete Address: _____

Phone: _____ Fax: _____

Persons/organizations receiving the information: _____

Complete Address: _____

Phone: _____ Fax: _____

Specific description of information (include dates): _____

e.g., office notes, lab work, x-rays, hospital notes, etc...

What is the purpose or the use of disclosure? _____

e.g., give to other doctor, keep for own records, etc...

- I understand that my healthcare and the payment for my healthcare will not be affected by my signing this form.
- I understand that I may see and copy the information described on this form if I ask for it, and that I get a copy of this form after I sign it.
- I understand that this authorization will expire on _____, or one year from date of signing.
- I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it won't have any affect on any actions they took before they received this revocation.

Patient Signature or patient's representative: _____

Date: _____

Printed name of patient's representative and relationship to patient: _____

- You may refuse to sign this authorization.

- You may not use this form to release information for treatment or payment except when the information to be released is psychotherapy notes or certain research information.