

Flatiron Internal Medicine
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Release of Records Authorization to Flatiron Internal Medicine

In reviewing this release, please note that you have the right to exclude certain information from the release of your medical record. However, please realize that if you exercise that right, a chart review may have to be conducted by our privacy officer. In certain cases, you may be charged a fee for that service. Our privacy officer will notify you in advance if there is going to be a fee. In addition, please also realize that if you exclude access to certain information, you may impede your medical treatment. If the information is being requested for other reasons, the person requesting the information may make an adverse decision if they do not have a complete copy. In addition, our office charges a copying fee to release an entire record of your chart; the fees are set by Colorado Statutes. If you'd like to know the fee before the copies are released, please contact the office.

Patient Name

Date of Birth

I authorize the following release of my confidential medical information.

Please Release Information from:

Information to be Released to:

Flatiron Internal Medicine
90 Health Park Drive, Suite 320
Louisville, CO 80027
Phone: (303) 666-7560; Fax: (303) 666-7511
front.office@flatironinternalmed.com

I authorize only the release of those items I have specifically listed below:

I authorize an entire copy of my medical record to be released with the **EXCEPTION** of:

- Progress Notes
- Drug Abuse or Alcohol Abuse, if any
- Psychological or Psychiatric Conditions, if any
- Sexually Transmitted Diseases
- Other _____

I understand that this information will be used for:

- Further evaluation and treatment
- To obtain payment from my insurance company or other party
- Other _____

This release will expire three (3) years from the date this document is signed, unless I have otherwise noted right here: _____. I understand that this release will remain effective through that date unless I notify Flatiron Internal Medicine in writing*

Signature of Patient

Date

*Flatiron Internal Medicine is not responsible for late or misdirected mail.