

CHERRY CREEK PEDIATRICS
 4900 E. Kentucky Avenue Denver, CO 80246
 Phone 303-756-0101 Fax 303-756-1408



**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION
 TO CHERRY CREEK PEDIATRICS**

I hereby authorize the following facility to disclose Protected Health Information of the patient(s) listed below.

To:
 Cherry Creek Pediatrics
 4900 E. Kentucky Avenue
 Denver, Colorado 80246
 Phone: 303-756-0101
 Fax: 303-756-1408

From:
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Patient's Name	Date of Birth	Address

Please sign below as the responsible party for the above named patient(s) Medical Records.

 Signature of Patient/Legal Guardian

 Relationship to Patient(s)

 Date of Authorization

 Contact Phone Number