



AUTHORIZATION FOR INJURY SOLUTIONS MEDICAL PRACTICE TO OBTAIN HEALTH INFORMATION

PATIENT

RELEASE TO:

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

Name: INJURY SOLUTIONS

DOB: \_\_\_\_\_

Address: 7350 E. PROGRESS PLACE, SUITE 201

GREENWOOD VILLAGE, CO 80211

Medical Records From:  Relevant Med. Rec. per Injury Solutions Request

: \_\_\_\_\_

Phone 720-282-4707

Fax: 303-539-7467

Email: MEDICALRECORDS@INJURYSOLUTIONS.MD

- I authorize my medical provider Injury Solutions, and its affiliated entities to receive or release to the party listed above the following information:

INFORMATION REQUESTED

- Complete health record
- Abstract (i.e., Face-sheet, H&P, D/C Summary, Consults)
- Provider notes
- Procedure notes
- Psychotherapy Notes
- Other \_\_\_\_\_

PURPOSE FOR AUTHORIZATION

- At my request
- Continuity of Care
- Other (specify) \_\_\_\_\_

**Please send medical records in electronic format only.**  
**Prior approval is needed for all charges relating to medical records requested.**

I understand the following:

- This authorization is voluntary and I can refuse to sign this authorization. My signature is required to validate this authorization. If I do not sign this form, my health care, the payment for my health care or my ability to enroll for benefits will not be affected.
- This authorization will expire, without my express revocation, 365 days from the signing, or if I am a minor, on the date I become an adult according to law.
- I may revoke this authorization in writing at any time, except to the extent that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
- I understand that once the office discloses health information, the person or organization that receives it might re-disclose it. Privacy laws may no longer protect it.

\_\_\_\_\_  
Patient / Guardian / Power of Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name if signed on behalf of patient

\_\_\_\_\_  
Relationship to patient

*Release of MedRec to IS.doc revised 03/04/22*