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Family Medicine - Board Certified
Addiction Medicine- Board Certified
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Heritage Hills

FAMILY MEDICINE | ADDICTION MEDICINE | MENTAL HEALTH
www.hhfamilymedicine.com

Transfer of records for patients INCL addiction or dual diagnosis

TRANSFER OF RECORDS REQUEST TO/FROM

7000 E. Belleview Ave, Suite 100
Greenwood Village, Co 80111
303-792-3333 (P), 303-792-3361 (Fax)

Patient:_____ DOB:_____
Address:_____
SS#:_____

Requesting records (circle one)

FROM/TO:_____Phone_____

This consent is to provide OR release records TO another medical provider for
Provider:

physician name: _____
Medical practice (but only includes providers with treating relationship): _____
3rd party payer name:_____
Intermediary: (but only includes providers with treating relationship):_____
Duration of records
DURATION OF CHART: Indefinite unless specified otherwise

CIRCLE ALL THAT APPLY
ENTIRE CHART: This includes Any and ALL addiction & psychiatric related notes.
OR circle applicable portions.

Attendance:	**Diagnoses**	**Progress in treatment**
compliance in treatments	**Monitoring (UA/PDMP)**	**Past provider records**

NOTE:
-Upon request you may obtain a list of entities to whom any records have been sent
-In a medical emergency we may share your information with another medical provider without your consent.

_____ _____ _____
Patient or Guardian Signature Relationship if guardian Date