



Instructions For Completing a HIPAA Compliant Release of Information

1. All fields must be completed.
 - Patient Name
 - Date of Birth
 - Address
 - Release From:
 - Release To:
 - Treatment Dates
 - Purpose of Disclosure:
 - Information to be disclosed: If all please mark only Entire medical Record.
 - Acknowledgement: Must be initialed to release information.
 - Patient Signature
 - Witness
2. Please designate whether you are authorizing HBHS to release to or obtain from.
3. If patient is over the age of 15, the patient must sign and date the authorization for release.
4. Please mark the type of information to be disclosed as well as the purpose of the disclosure.
5. Please have your signature witnessed and dated by a **non family** member.
6. Return completed authorization to HBHS by mail or fax to 720-348-2840.
7. If the authorization is to self or to a family member your HBHS provider is required to review the chart and write an order as to what documentation can be released to you or a family member from the psychiatric record. Once the order is received from the provider you will be contacted with a dollar amount charged for copying. HBHS charges for copying in accordance with Colorado state regulations. Advance payment will be required. Payment can be made by cash, check, or credit card.
8. There are no copying charges for authorizations to release to other providers (such as your therapist, PCP, or psychiatrist) for continuity of care.
9. Please call 720-348-2808, 2603 or 2834 if you have any questions or need assistance in completing the authorization.