

Vibrant Health Clinic
1526 S. Tejon Street Colorado Springs, CO 80905
719.216.8367

Medical Record Request Form
Release and Authorization of Use or Disclosure
of Protected Health Information

Patient Name: _____ **Phone:** _____

Previous Name (if any): _____

Date of Birth: _____ **Last 4 Digits of SSN:** _____

Current Address: _____

Previous Address (if any): _____

I request and authorize healthcare information for the patient named above from:

Vibrant Health Clinic
1526 S. Tejon Street
Colorado Springs, CO 80905
Email: vibranthealthcliniccolo@gmail.com

We will only release medical records to the patient or authorized representative, not to other clinics. You may forward your files to whoever you choose.

Myself: _____

Please Email Records via electronic transfer to: _____

OR Print/Mail to: _____

Please note: There is a \$20 admin fee to be paid prior to receiving your records. Since we aren't allowed to have a business banking account, you'll need to make checks payable to Jessica Hogan or you can email us for an emailed invoice to pay online: vibranthealthcliniccolo@gmail.com

This information is to include (please check):

_____ **All Healthcare Information Vibrant Health Clinic has on file for this patient**

Patient/Authorized Representative Signature: _____

Date: _____

This authorization will expire 1 year after the signature date.
It may take up to 60 days to fulfill your request. Thank you for your patience!