



South Suburban Family Medicine
Jeffrey N. Gerber, M.D., Denver's Diet Doctor
 7720 S. Broadway Suite 480, Littleton, CO 80122

Health Information Request
Authorization to use or disclose my protected health information

Patient name: _____ Date of birth: _____

I request the following organization release my health information:

Name (or title) and organization _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____

I authorize the above organization to disclose the following health information:

All my health information maintained by the above named practice
 Exclude the following health information: _____
 My health information relating to the following treatment or condition: _____
 My health information for the date(s): _____
 Other: _____

Reason(s) for this authorization (check all that apply)

At my request
 Other (specify): _____

I authorize the use or disclosure of my protected health information. I specifically authorize any current employee of the above organization to disclose my protected health information as described on this form to the recipients listed below.

Please release my health information to:

South Suburban Family & Occupational Medicine
 Denver's Diet Doctor, Jeffrey N. Gerber, M.D.
 7720 S. Broadway, Suite 480
 Littleton, CO 80122

 Patient or legally authorized individual signature Date Time

 Printed Name if signed on behalf of the patient Relationship (parent, legal guardian, personal representative, etc.)