



A Total Life Concept For Healthcare, Fitness, Nutrition, and Behavioral Health

## Medical Records Release

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Records to be released from: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Records to be released to: Mountain View TLC  
100 Jenkins Ranch Road, Suite D  
Durango, CO 81301

Phone Number: 970-385-1770

Fax Number: 888-837-3331

Type of Records: All \_\_\_\_\_ Records Dated: \_\_\_\_\_

I understand that this medical release may include records concerning treatment of both physical and mental illness, drug/alcohol abuse, and records of sexually transmitted diseases. I also understand that this release is only valid for one year. I may revoke this authorization in writing at any time. There is no fee to provide records to another health provider. There will be a fee to provide records to any other party, such as an attorney, insurance company, etc.

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

Signature: \_\_\_\_\_