Mountain View Family HealthCare
A DIRECT PRIMARY CARE PRACTICE

Medical Records Release

Patient Name: _____ DOB: _____

Address: _____

Phone Number: _____ Social Security Number: _____

Records to be released from: _____

Address: _____

Phone Number: _____ Fax Number: _____

Records to be released to: Mountain View Family HealthCare
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: _____Date:_____