

REQUEST FOR PROTECTED HEALTH INFORMATION (PHI)



CONSUMER INFORMATION

Consumer Name: _____ Date of Birth (MM/DD/YYYY): _____

Phone Number: _____ Nextgen MRN: _____

RECIPIENT INFORMATION (select one)

- Release to self or guardian
- Release to third party

Name of Organization or Person: _____

Phone Number: _____

****If information is going to a third party also complete the Release of Information.*

METHOD OF DELIVERY (select one)

Email Email Address: _____

Fax Fax Number: _____

Mail Mailing Address: _____

In Person Pick Up
Select a location

- Brighton Office
- MCMB/Thornton Office
- Westminster Office

- DCMB Office
- Northglenn Office

DOCUMENTS REQUESTED (select one)

- Specific Records
List types of documents: _____
- Standard Record *(includes intake, crisis evaluation, prescriber notes, service plan, and discharge summary)*
- Entire Record *(includes all CRC documentation including therapeutic progress notes that require prior approval to ensure the safety of the person served)*

DATE RANGE OF RECORDS (select one)

Specific Date Range
FROM: _____ TO: _____

All Dates of Service

AUTHORIZATION

- Medical records may include confidential information related to drug and/or alcohol treatment, which is protected by federal law 42 CFR, Part 2, and/or HIV treatment.
 - A fee may be charged to cover the cost of producing the records.
 - Community Reach Center is not responsible for unauthorized access to the Protected Health Information (PHI) contained in electronic format or any risks potentially introduced to your computer/device when receiving electronic files.
 - Guardianship documentation must be provided prior to release of records.
 - There must be a valid Release of Information (ROI) on file at Community Reach Center if records are sent to a third party. Releases for the purposes of legal proceedings or criminal justice monitoring must be accompanied by a separate and specific criminal justice release.
 - Community Reach Center (CRC) will **approve or deny this request within 30 days** of its receipt of this properly completed form. CRC is permitted to extend this 30-day time period if needed. In the event this occurs you will be notified.
 - Records will remain available for in person pickup at the selected location for 45 days after confirmation of processing.
- By signing below, I acknowledge the above information and authorize the disclosure of protected health information.

Consumer or authorized representative

Date

Print name

If you are an authorized representative, please include documentation.

If you need help with this form, please call 303-853-3510

*Return the completed request and supporting documentation (if needed) to
Email CRCMedicalrecords@communityreachcenter.org or Fax 303-287-2477*