

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*
- | | | |
|---|---|--|
| } | <input type="checkbox"/> Brighton Office | <input type="checkbox"/> DCMB Office |
| | <input type="checkbox"/> MCMB/Thornton Office | <input type="checkbox"/> Northglenn Office |
| | <input type="checkbox"/> Westminster 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 CRCMedrecords@communityreachcenter.org or Fax 303-287-2477*