Matthews-Vu
Healthcare for Children and Adults
4190 East Woodmen Road, Suite 100
Colorado Springs, CO 80920
Phone: 719-632-4455
Fax: 719-633-4613

HIPAA General Medical Release Form

I hereby authorize the disclosure of my medical information by Matthews-Vu Medical Group:

Name of Person authorizing release of information:

Patient's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Contact Phone Number: _____

To release my information to:
(Please Print)

Name/Relationship _____DOB:_____

Name/Relationship _____DOB:_____

Name/Relationship _____DOB:_____

Name/Relationship _____DOB:_____

This authorization applies to the following:

All Records _____ Labs _____

Imaging Reports _____ Immunizations _____

Name (Printed) _____

Signature _____

Date _____