

Mountain View Medical Records Release
72C Suttle Street, Durango, CO 81303
Phone (970) 385-1770 Fax (970) 259-5876

Patient Name _____ Date of Birth _____

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, P.C.

Address: 72C Suttle Street, Durango, CO 81303

Phone Number 970-385-1770 Fax Number 970-259-5876

Type of Records: All Records _____ 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. If this is the case you will be responsible for those fees.

Print Name _____ Signature _____