University of Colorado
Anschutz Medical Campus

Hemophilia & Thrombosis Center

Pharmacy Program

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f 303-724-0848

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AUTHORIZATION FOR THE RELEASE OF PERSONAL HEALTH INFORMATION

Patient name: ___________________________ Date of Birth:_____________________
Address:________________________________ Phone Number:__________________
City:______________ State:______ Zip:___________

Type of personal health information (PHI) to be released:
□ Medication dose and refill information
□ Insurance information
□ Medical information (ex. Bleeds, pain, diagnosis, other)

Authorization release PHI to:
□ Mother □Father □Sister/brother
□ Spouse/domestic partner □Son/daughter □ Other: _____________

I give the HTC Pharmacy permission to leave messages on voice mail pertaining to:
□Medication refills □ Drug recalls □Clinic appointment reminder □ Do not leave messages

For the following purposes:
□ Medication/factor refills □Pharmacy Medication Program □Billing/Insurance issues

-I understand that I may revoke this Authorization at any time, revocation of this request should be made know to the University of Colorado Hemophilia Pharmacy verbally or in writing. I understand that information used or disclosed pursuant this Authorization may be subject to re-disclosure by the recipient and my no longer be protected by applicable privacy law. I further understand that the HTC pharmacy and its employees are released from legal responsibility or liability for the use and disclosure of the above released information to the extent indicated and authorized.

I HAVE READ AND UNDERSTAND THIS INFORMATION; I AM THE PATIENT OR I AM AUTHORIZED TO ACT ON BEHALF OF THE PATIENT TO SIGN THIS DOCUMENT VERIFYING AUTHORIZATON FOR THE USE OR DICLOSURE OF THE PROTECTED HEALTH INFORMATION UNDER THE ABOVE STATED TERMS.

__________________________ ___________________________________
Date **Signature of Patient**

If patient if unable to sign, secure consent of Legal Representative and indicate reason below:
□ Minor □ Incompetent

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Signature of Legal Representative and Relationship to Patient