WIDC

Western Infectious Disease Consultants, P.C.

Jeffrey A. DesJardin, M.D.
Brent W. Wieland, M.D.
Sonali Hemachandra, M.D.
Charlotte L. Ellenbogen, D.O.
Amber M. Noon, M.D.
Katherine M. Johnson, D.O.
Benjamin H. White, M.D.
Marinka Kartalija, M.D.
Laura O. Coster, M.D.
Teresa A. Cushman, M.D.
Angela M. Budgin, M.D.
Swati M. Vempati, M.D.

Authorization Obtain or Release My Protected Health Information

Patient name: _____ DOB: _____

I. My Authorization

Release To WIDC:

☐ I give my authorization to **obtain** my protected health information from:

Practice Name: _____

Practice Phone: _____ Practice Fax: _____

Release From WIDC:

☐ I give my authorization for Western Infectious Disease Consultants, P.C. to **release** my protected health information to:

Practice Name: _____

Practice Phone: _____ Practice Fax: _____

Reason for Release: _____

Please check all that apply:

☐ All my protected health information maintained by the above-named practice.

☐ My protected health information relating to: _____

_____

☐ My protected health information for the date(s) of: _____

I specifically authorize disclosure of the following conditions:

☐ Drug Abuse ☐ Alcohol Abuse ☐ HIV/AIDS ☐ Psychological or psychiatric conditions

This authorization ends: ☐ On date: _____ ☐ One year from date of signing.

II. My Rights

☐ I understand that I may revoke this authorization in writing by writing a letter to the office. If authorization is revoked, it will not affect the actions already in place by the above-named practice based on this authorization. I also understand that once the above-named practice discloses my protected health information, it may be redisclosed and privacy laws may no longer protect it.

_____ _____ _____

Patient or legally authorized signature Date Time

_____ _____

Printed Name if signed on behalf of the patient Relationship (Parent, guardian, POA, etc...)

WHEAT RIDGE OFFICE
3885 Upham Street, Suite 200
Wheat Ridge, CO 80033
FAX (303) 425-1378

BROOMFIELD OFFICE
3303 W. 144th Ave, Suite 103
Broomfield, CO 80023
FAX (720) 630-8591

LONGMONT OFFICE
1551 Professional Lane, Suite 280
Longmont, CO 80501
FAX (720) 600-5140

BUSINESS OFFICE
P.O. Box 1449
Wheat Ridge, CO 80034-1449
FAX (720) 974-7431

MAIN (303) 425-9245
www.widc.biz