AURORA MEDICAL ASSOCIATES

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Please print

_____

Patient Name | Other Last Names

_____

Date of birth | Phone Number | Email Address

_____

Street Address | City, State, Zip code

Transfer of care is required due to the closing of my physician's office. Therefore, I hereby authorize

Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103,

on behalf of **Aurora Medical Associates, 14100 E Arapahoe Rd Ste 350, Centennial, CO 80112**to execute one of the following:

Please select one of the following delivery options:

☐ Secure HIPAA approved electronic transfer to patient.
List your email address here _____

☐ Pick up disc, in person, at Morgan Records, 159 Frontage Road, Manchester, NH 03103. Once the chart is processed, we will contact you to set up pick up time.

☐ Disc mailed to home or physician. There will be a **$10 shipping charge prior to mailing**. We mail USPS Certified Return Receipt. List address here:

_____

I, _____, am the patient or legal guardian who has authorization to release the above records. Any facsimile, copy, or photocopy of this release will be valid for 90 days and shall authorize you to forward my medical records. This form gives you permission to share my private information obtained from this facility. Only records from this facility can be legally released. Any records from other physicians must be obtained from them directly.

Please note: A $25 records management fee is requested to process and deliver your medical records.

Payment Options:

- **CREDIT CARD** – visit our website at MorganRecordsManagement.com to use our online form
- **CHECK** - please mail your completed form with an attached check or money order made payable to Morgan Records Management LLC, to 159 Frontage Rd, Manchester, NH 03103.

_____

Patient or Legal Guardian Signature | Date

Your completed authorization form may be faxed to 603-606-1126, emailed to Medical@MorganRM.com, or mailed to Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103.