



MOUNTAIN VIEW PSYCHIATRY, LLC

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2024

Release

*REMINDER- Our office will be open to patients until **December 20, 2024**.*

*Your medical records are confidential; however, a copy may be transferred to a provider, released to you, or a person you designate given your permission. Please sign this authorization form and return it as soon as possible so we may transfer your records to your new provider. **Your records will remain on file at Mountain View Psychiatry until January 25, 2025.***

*After that date, your medical records will be transferred and stored in a secure, HIPAA compliant facility at Desert River Solutions. **Custodian of Medical Records after January 31, 2025:***

Desert River Solutions | 480-577-3150 | www.DesertRiverSolutions.com/requests

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient Name (your name): _____ Date of Birth: _____

SSN: _____ Previous Name: _____

**BY SIGNING THIS FORM, THIS ALLOWS MOUNTAIN VIEW PSYCHIATRY, LLC
TO RELEASE/ REQUEST INFORMATION TO THE FOLLOWING PERSON OR ORGANIZATION:**

Name or Organization: _____ Fax #: _____ Phone #: _____

(To whom/where you are releasing your health care information)

Recipient Address:

Street

City

State

Zip

RELEASE THE FOLLOWING INFORMATION:

Health care information relating to the following treatment or condition:

Health care information for the date(s):

All health care information:

Other: _____

THIS AUTHORIZATION ENDS:

in 1 year; or _____

By specified date: _____

OR when the following occurs: _____

Patient or legally authorized individual signature

Date

Time

Relationship to patient if signed on behalf of the patient by parent, legal guardian, personal representative, etc.