

# Hyde Park Pediatrics



Healthy Kids. Happy Parents

## **Authorization to Release Medical Records**

3330 Erie Ave, Cincinnati, OH 45208  
7661 Montgomery Rd, Cincinnati, OH 45236  
Phone: (513)321-0199 FAX: (513)979-0569  
E-Mail: medrecords@hydeparkpeds.com

Patient's Name: _____	Date of Birth: _____
Patient's Name: _____	Date of Birth: _____
Patient's Name: _____	Date of Birth: _____
Address: _____	Phone Number: _____
City/State/Zip Code: _____	
Date of Request: _____	

<input checked="" type="checkbox"/> I authorize Hyde Park Pediatrics to release information to:	<b>OR</b>	<input type="checkbox"/> I authorize Hyde Park Pediatrics to obtain information from:
Name: _____		Name: _____
Address: _____		Address: _____
City/State/Zip: _____		City/State/Zip: _____
Phone: ( _____ ) _____		Phone: ( _____ ) _____
Fax: ( _____ ) _____		Fax: ( _____ ) _____
Email: _____		

Patient or Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

If transferring out of Hyde Park Pediatrics, please state reason for leaving: \_\_\_\_\_

There is a \$15 fee per child for records. The payment needs to be made before records are sent. Please call the office to make payment by phone or mail a check with the form.