

# 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)891-7696

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 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: (____) _____

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

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

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

This request may take up to two weeks to process.

There is a \$15 fee per child for records.