Caring for your future

All About Kids Pediatrics

…from cradle to college

1250 North Mill St. Suite 100
Naperville, IL 60563
(630)355-6996 Fax (630)355-0026

Authorization for Release of Medical Information

I hereby authorization you to release medical information for the named patient(s) to:

____
____
____
____

Patient(s) Name(s):

_____________________________________DOB____________
_____________________________________DOB____________
_____________________________________DOB____________
_____________________________________DOB____________
_____________________________________DOB____________

Records requested (please check only ONE):

______ Immunizations and Growth Records **ONLY** (No charge)

______ Partial Records (includes immunizations) **Please List**: ______________________________________

______Full Chart (includes immunizations) Processing fee for any copies other than immunizations**: $0.39 per page**

***Please note: your records will be sent to you within 30 days from receipt of this completed form. Not filling this form out in its entirety will cause a delay in receiving your records**

***REQUIRED: Purpose of obtaining this information (answer must be given in order to receive records):**

______I am remaining a patient

______I am leaving the practice. Reason for leaving the practice: ______________________________________

Additional Information for our office:

______ I am moving out of this area. My new address is:____

______ I am transferring to another doctor: ____

I release this office from all legal responsibilities or liability for disclosure of the above information that may arise from this authorization. I agree to pay any fees for copying each person's record requested.

I understand my child's **full medical records** are available on the patient portal (https://aakidspediatrics.patientmedrecords.com/) to download or print as I see fit **for free** and they will be accessible for 30 days after I leave the practice.

Signature___________________________________ Relation to Patient: _____________ Date: _____________

Best phone number to call regarding this request: _______________________________________