

**Kids Care Pediatrics**  
**110 Baughman's Ln. Ste. 150**  
**Frederick, Md. 21702**  
**(P) 301-696-8813 (F) 301-696-8832**  
**Kidscare.pediatrics@yahoo.com**  
**Medical record release form**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

From: **Kids Care Pediatrics** \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian, of  
\_\_\_\_\_ DOB \_\_\_\_\_, am requesting the

release of his/her entire medical records to Kids Care Pediatrics 801 Toll House Ave Ste. H6  
Frederick, Md 21701.

\_\_\_\_\_  
Parent/Guardian (Please print)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Reason for request

\*\*\*If there is a problem with this transmission or you did not receive the number of pages specified, please contact our office at 301-696-8813>\*\*\*

**Confidentiality Statement: The documents accompanying this telecopy transmission may contain confidential information belonging to the sender. The Protected Health Information (PHI) contained in this fax is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other such use is a violation of federal law (HIPPA) and will be reported as such. Any disclosure, copying, distribution or taking of any action in connection with the document transmitted is strictly prohibited. If you are not the intended recipient, you are hereby requested to immediately notify us so that we may arrange for the return of the documents you have received.**