

Kids Care Pediatrics
110 Baughman's Ln. Ste. 150
Frederick, Md. 21702
(P) 301-696-8813 (F) 301-696-8832

Medical Records Release Form
Formulario de liberación de registros médicos

Date: _____
(Fecha)

To: _____
(Médico o centro anterior)

Fax: _____ Phone: _____
(número de fax)

From: **Kids Care Pediatrics** _____

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>

I(Yo) _____ parent/guardian(padre/tutor) of

name(Nombre) _____

DOB(Fecha de Nacimiento) _____, am requesting the release of his/her records to

(estoy solicitando los records medico para) Kids Care Pediatrics.

Parent/Guardian (please print)
(Padre/Tutor) (por favor Imprimir)

Parent/Guardian (signature)
Padre/Tutor (firma)

Patient name
Nombre del paciente

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.