



HAPPY KIDS PEDIATRICS

605 East Main Street
Gardner, KS 66030
Phone 913-355-9953
Fax 913-355-9954

Authorization For Release of Patient Health Information

I hereby authorize the release of information from the medical records of:

Patient's Name: _____ Date of Birth: _____

Please choose one of the following:

Patient records will be released from Happy Kids Pediatrics LLC to

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

The records will be:

Mailed to address above.

Picked up at Happy Kids Pediatrics by the person listed above.

OR

Patient records are to be released to Happy Kids Pediatrics LLC from

Practice or Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

The records will be:

Mailed to address: 605 East Main St, Gardner KS 66030

Faxed to 913-355-9954

Other, please specify: _____

Information to be Released:

Well-visit

Immunization record

Growth Charts

