Kiddie West Pediatric Center

4766 West Broad St. Columbus, OH 43228
Phone: 614-851-7337 Fax: 614-851-0080

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ DOB: _____

Address: _____Phone:_____

I hereby authorize Kiddie West Pediatric Center to release healthcare information of the patient named above to:

Name: _____

Address: _____ Phone: _____

City: _____State:_____ Zip: _____

This request and authorization applies to:

☐ All healthcare information

☐ All healthcare information excluding: _____

☐ Other: _____

☐ Shared

☐ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Signature of Patient_____
(if 18 years of age OR is an emancipated minor)

Signature of ☐ Parent/ ☐ Guardian Signature (check one):_____Date _____
Note: If Legal Guardian box is checked, documentation establishing guardianship must be provided or on record in order to comply with the above request.

Address: _____ Phone: _____

City_____ State: _____ Zip: _____

THIS AUTHORIZATION EXPIRES AFTER NINETY DAYS FROM SIGNATURE

Per Ohio Revised Code 3701.741 the following fees for providing medical records applies to all records forwarded from Kiddie West Pediatric Center:

$2.74 per page for first 10 pages
$.57 per page for pages 11-50
$.23 per page for pages 51 and higher

An invoice will be provided and payment for records must be paid in full prior to the records being mailed.

This form authorizes Kiddie West Pediatric Center to use and/or disclose protected health information in the manner described above and is voluntary. Kiddie West Pediatric Center will not condition treatment, payment, enrollment or eligibility for benefits on the execution of this Authorization. The information used or disclosed as a result of this Authorization may be subject to redisclosure by the person or entity receiving such information, and no long protected by the federal privacy regulations.

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