



KIDS FIRST

Pediatric Group, LLC

Elaine Youngblood, MD, FAAP
Wanda Williams, MD, FAAP
Sheila Blake-Clark, CPNP
Julie Walter, CPNP

1045 Southcrest Drive, Suite 110 | Stockbridge, GA 30281
Tel: (770) 507-2212 · Fax: (678)-593-2021

Authorization for Release of Medical Records

I, the undersigned, am requesting the medical records release and/or disclosure of medical information regarding:

Patient Name _____ **Date of Birth** _____

PARENT/GUARDIAN: Please be advised, that if this form is not filled out completely, we will not be able to receive/release your child's medical records. Please include Practice Name, Address, as well as, telephone and fax numbers. For **Newborns**, please list the hospital at which they were born.

I authorize Kids First Pediatric Group to
Release Information TO:

Name of Provider or Facility

Address

City, State, Zip Code

Phone Number _____ *Fax Number*

-OR-

I authorize Kids First Pediatric Group to
Obtain Information FROM:

Name of Provider or Facility

Address

City, State, Zip Code

Phone Number _____ *Fax Number*

***Please indicate an expiration date for this release, by checking the appropriate box below:

Expires 6 months from the below signed date Does Not Expire

Reason for Transfer (if applicable) _____

Please release ALL pertinent medical records on the above named child. Records should include, but not limited to, inpatient/hospitalization records*, office/clinic notes, lab results and immunization (shot) records. This may also include particular illnesses and/or specific dates of treatment as specified here: _____

**Kids First Pediatric Group can only release information related to care received within our facility and providers.*

The signature below serves as authorization to transfer the records. I understand that these records may include psychiatric/psychological, chemical and substance abuse, HIV and AIDS information, and that I may withdraw this authorization in writing at any time, except to the extent that action has been taken based on this authorization.

Parent/Guardian Name *(unless 18 yrs or older)*

Date

Parent/Guardian Signature *(unless 18 yrs or older)*