13643 S. Mur-Len Rd.
Olathe, KS 66062
913-764-7060
Business Office 913-764-3016

SUNSHINE PEDIATRICS
A Children's Mercy Affiliate

Amy L. Voelker, M.D., FAAP
Allison S. Hettinger, M.D., FAAP
Shawna C. Patch, M.D., FAAP
Connor Hosty, M.D., FAAP

AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

Patient Name(s): _____ Date of Birth: _____ Phone: _____

I authorize Sunshine Pediatrics:

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Release to (physician name and clinic):

_____

_____

_____

_____

_____

Reason for Release of Records:

___ Change of Insurance ___ Moving out of Area

___ Transfer of Care ___ Personal

I would like the following records:

___ Immunization Record

___ Basic Medical Record (shot records, problem sheet, and growth chart)

___ Entire Chart**

___ Other: _____

By signing this release of information, I fully realize that this action releases said physician from liability for any breach of confidentiality of medical information. This release is effective for 90 days from the date on which it was signed.

Signature of Patient, Parent, or Guardian: _____ Date _____

Relationship to Patient: _____