



Pediatric Care Specialists

An Affiliate of Children's Mercy

Stacey VanVliet, M.D., FAAP

Alicia Wolfe, M.D., FAAP

Amy Higgins, APRN

Robert J. Schloegel, M.D., FAAP

Claire D. White, M.D., FAAP

Ashley Meyer, APRN

Jason A. Wichman, M.D., FAAP

Allison Hadley, M.D., FAAP

Megan McGown, APRN

Janice Martin M.D., FAAP

Ashley Ahring, PA

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS INFORMATION

TO

CHILDREN'S MERCY-PEDIATRIC CARE SPECIALISTS

Patient Name(s) and Date(s) of Birth:

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number(s): _____

I authorize:

(former physician, office or medical facility by name, address, and phone/fax #):

Facility/Office/Physician: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

- **Release all medical records pertaining to above referenced patient(s) to:**

Children's Mercy-Pediatric Care Specialists

7400 W. 129th St., Suite #200

Overland Park, KS 66213

Phone: (913) 906-0900 Fax: (913) 906-0909

Email: medrecords@pedcarespecialists.com

OR

- **I wish to pick up all medical records pertaining to above referenced patient(s) on**
_____ (enter date)

Please contact me at the above-referenced phone number if there may be any delay beyond the date indicated for personal pick-up of records. I authorize the release of all information indicated and I am aware that the records released may contain confidential information relating to psychological/psychiatric testing, physical, drug and/or substance abuse.

I authorize the release of AIDS/HIV testing (if any)

INITIALS: _____

Signature: _____

Date: _____

(Patient, Parent or Legal Guardian)