

Liberty Sharonville Pediatrics

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RECORDS RELEASE

I hereby authorize:

<input type="checkbox"/>	11258 Lebanon Road Cincinnati, Ohio 45241	<input type="checkbox"/>	Lauren A. Peck, M.D. <input type="checkbox"/>	Otilia P. Fernandez, M.D. <input type="checkbox"/>	B. Paige Phillips, M.D.	<input type="checkbox"/>	7097 Liberty Center Drive West Chester, Ohio 45069
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To Release To:

To Obtain From:

Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I understand that my records may contain information regarding the diagnosis or treatment of HIV, (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give my specific authorization for these records to be released.

Child's Full Name:	Date of Birth:

Reason for Leaving:

Signature of parent/guardian:

Date: _____