Healthy Kids
PEDIATRIC GROUP

300B Princeton Hightstown Road, Suite 201
East Windsor, NJ 08520

2 Princess Road
Lawrenceville, NJ 08648
Ph.609-448-7300 Fax: 609-448-8022

Authorization for Record Release Form

Patient Name: _____ Date of birth: ____/____/_____

This form is to authorize Healthy Kids Pediatric Group's disclosure of medical records to individuals whom are NOT the patient listed above. By completing this form, you, the patient, agree and consent to the disclosure of your medical information to the person(s) listed below.

- _____ _____
  (Name) (Relationship to patient)
- _____ _____
  (Name) (Relationship to patient)
- _____ _____
  (Name) (Relationship to patient)

I understand that I have the right to revoke this request at any time, in writing.

By signing below, I agree to the above statement for Healthy Kids Pediatric Group's Authorization for Record Release.

(Patient signature) (Date)