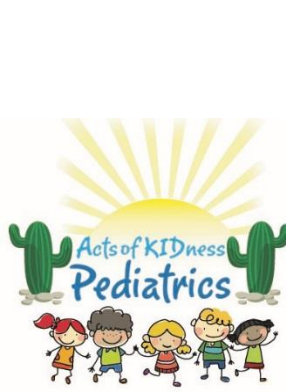


Acts of KIDness Pediatrics, PLLC  
861 N Higley Rd Suite B101  
Gilbert, AZ 85234  
Phone: 480-664-6400  
Fax: 480-500-5779



Dr Alison Wilcock MD, FAAP  
Dr Sonja Stevenson MD, FAAP  
Dr Marguerite Keane MD, FAAP  
Dr Sandra Romero MD, FAAP

## Authorization for Release of Information

Patient Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Release records TO Acts of KIDness Pediatrics, PLLC from:
- Release records FROM Acts of KIDness Pediatrics, PLLC to:

Doctor/Medical Practice \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

### Type of Information to be released:

- All Records
- Discharge Summary
- Immunizations/Growth Charts
- Specialty Notes
- Lab Results
- Imaging Results
- Illness/Hospitalizations

This authorization will automatically expire **one year from the date** of signing. The undersigned may revoke this authorization at any time by providing written notice of revocation. I understand that Acts of KIDness Pediatrics may not condition my treatment on whether I sign this authorization form. I authorize Acts of KIDness Pediatric, PLLC to use and disclose the protected health information specified above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_