

HEALTH ONE, Inc

4079 B Gantz Rd., Grove City Ohio 43123
P: 614-875-3444 Fax: 614-8757780

Records Release Request

TO:
Health One Inc
4079 B Gantz Rd.
Grove City, OH. 43031
(614) 875-3444
(614)875-7780

FROM:
Physician
Address:
City/State/Zip:
Phone:
FAX:

Parent/Guardian: _____

Address: _____

Telephone: _____

Child(ren)Name(s)	DOB

I authorize the release of all medical information relating to the above named patient(s). I understand that this release will automatically expire one year from the date of my signature, and that I may revoke this release by sending written notice to Health One, Inc.

Parent Signature _____ Date _____

NOTE: Our office policy is to provide a copy of the child's shot record, notes from the last well visit, and the last 2 sick visits for patients transferring to another physician. Should the parent/guardian request additional records, a charge of \$25 will be assessed and payable prior to the release of the records. Requests for records or specific documents being sent directly to a physician are released via fax, free of charge. Parents requesting medical records for their personal use or that prefer the records be released to them instead of to another physician, will be charged \$25 for a copy of the child's shot record, notes from the last well visit, and the last 2 sick visits. Any additional information can be released at \$1 per page when specifically requested. We will no longer mail medical records. To obtain records that have been sent to our storage facility, there will be a \$25.00 fee to pull the chart, along with a fee of \$1.00 per page.