

**Avon Pediatrics
Kerry Hensley MD**

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(317) 272-7887 (317) 353-3502 Fax



Release of Information from Avon Pediatrics

I authorize Avon Pediatrics, Kerry Hensley, M.D. to release a copy of the medical records for treatment received from Dr. Hensley to:

Doctor/Facility Name: _____

Address: _____

Fax Number: _____

For the following patients:

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient Address: _____

FEES FOR OBTAINING MEDICAL RECORDS: 1. A \$20 labor fee that includes copying or providing medical records on CD for the first 10 pages 2. For pages 11-50, an additional \$0.50 per pg 3. An additional \$0.25 per page for pages 51 and higher. 4. Actual postage will be charged 5. A \$10 fee for an expedited request (within two working days) 6. \$20 for mailing a patient's medical records by certified carrier

I give permission to release any and all medical records and reports concerning my medical history, physical condition diagnosis, treatment and /or prognosis, including x-rays, images and other diagnostic reports, as well as any information contained in my medical records or reports that relate to the treatment and/or history of alcohol/substance abuse, HIV status, or for psychiatric or mental treatment or counseling. This release shall apply to any and all data listed above unless otherwise indicated by the patient or legal guardian as follows:

DO NOT RELEASE INFORMATION CONTAINED IN MY RECORDS REGARDING:

Signature: _____

Relationship to patient: _____

Date: _____