

HIPAA AUTHORIZATION to RELEASE MEDICAL RECORDS (TO Children's)

MRN	
Facility Use Only	

Please PRINT and fill out entirely.

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er	Last	FIRST	Middle	(any previous	name)	Date of Birth
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	Release Information TO Akron Children's Hos	pital		•		
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	Choose one:		☐ Mah	oning Valley Cam	npus	
ᄋ	Address: One Perkins Square, Ak	kron, OH 44308	<u>6505</u>	Market Street, You	<u>ingstown, O⊦</u>	<u> 1 44512</u>
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	☐ Medical Record Abstract – pertinent infor	mation generally	Other Informat	ion Requested (d		
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