



Pediatric Partners

RECORDS RELEASE AUTHORIZATION

TO: _____

In compliance with HIPAA regulations, I hereby request that you release records to:

Pediatric Partners

- Corona** 2279 Eagle Glen Parkway, Suite 110, Corona, CA 92883
- Fallbrook Main** 1107 S. Mission Road, Fallbrook, CA 92028
- Fallbrook Appt** 521 E. Elder Street, Suite 101, Fallbrook, CA 92028
- Hemet** 950 N. State Street, Suite D&E, Hemet, CA 92543
- Lake Elsinore** 30195 Fraser Drive, Lake Elsinore, CA 92530
- Menifee** 26900 Newport Road, Suite 111, Menifee, CA 92584
- Redhawk** 44274 George Cushman Court, Suite 106, Temecula, CA 92592
- Temecula** 27699 Jefferson Ave, Suite 102, Temecula, CA 92590

Records in your possession concerning:

Name of Patient Date of Birth

Address

_____/_____/_____ to ____/____/____ All records
Records from (date) to (date)

Signature Relationship to patient