



RELEASE OF PERSONAL RECORDS

I HEREBY GIVE MY PERMISSION TO HAVE RECORDS REGARDING:

(Name)

(D.O.B)

RECORDS FROM:

RECORDS RELEASED TO:

(Physician or Professional's Name)

Cara Rapp, Director of Admissions, Heartspring

(Office Address)

8700 E. 29th Street North

(Address)

(City) (State) (Zip Code)

Wichita, KS 67226

(City) (State) (Zip Code)

Parent/Patient or Legal Guardian

Date

Records Requested: Please send most current records, unless otherwise specified.

IEPs

Educational Reports

Termination Reports

Medical Records - **Comprehensive**

Immunization Records - **Comprehensive**

Hospital Records and/or Discharge Summaries - **Comprehensive**

Psychological Reports - **Comprehensive**

Psychological Evaluation Summary

Behavior Plan/Behavioral Data

Occupational Therapy Reports

Physical Therapy Reports

Speech Language Reports

Audiology Reports

Dental Reports