

Sinai Medical Office Building
 2411 W. Bevedere Avenue
 Suite 209
 Baltimore, MD 21215
 Phone 410-367-9600
 Fax 410-367-4056

Baltimore
 1838 Greene Tree Road
 Suite 400
 Baltimore, MD 21208
 Phone 410-602-7782
 Fax 410-602-9344

Severn
 7704 Quarterfield Road
 Suite A
 Glen Burnie, MD 21061
 Phone 410-863-4899
 Fax 410-863-0513

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

PLEASE READ THE FORM CAREFULLY AND FILL OUT COMPLETELY

1. I AUTHORIZE:

 Name of sending person/organization

 Street Address

 City State Zip Code

2. TO RELEASE TO:

 Name of receiving person/organization

 Street Address

 City State Zip Code

3. INFORMATION TO BE RELEASED: (Check all applicable)

- All Progress Notes
- Lab Reports
- X-Ray Reports
- Other

Fax # _____

4. RECORDS FROM THE TIME PERIOD: _____ to _____

5. PURPOSE OR NEED FOR DISCLOSURE: (Check applicable purpose)

- Continued Medical Care
- Payment of Insurance Claim
- Legal
- Other

6. I understand that this authorization shall be valid for 90 Days. I understand that I may revoke this consent form at any time except to the extent that action has already been taken.

7. I understand that a reasonable fee may be charged for duplication of records. An estimate of those charges will be provided upon request prior to duplication.

8. The requester may be provided with a copy of this authorization.

 Patient's Name (at time of treatment)

 Patient's Date of Birth

 Street Address

 Daytime Phone Number

 City State Zip Code

 Date

 Signature of Patient

ALLOW 7 -14 BUSINESS DAYS TO PROCESS REQUEST