



Rockville Internal Medicine Group
1201 Seven Locks Road Suite 111
Rockville, MD 20854
Phone: 301-762-5020, Fax: 301-294-7569

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

(Print patient's full name)

Birth date (Mo/Day/Yr)

(Street address)

Social Security Number

(City, state, zip code)

Phone (Home)

At the request of the individual, I _____, do hereby authorize medical record
(Patient's name)

INFORMATION RELEASED TO:

INFORMATION RELEASED FROM:

Name of Company/Agency/Facility/Person

Name of Company/Agency/Facility/Person

Street address

Street address

City, state, zip

City, state, zip

HISTORY & PHYSICAL
PROGRESS NOTES
OPERATIVE NOTES
LABORATORY REPORTS
RADIOLOGY REPORTS
EMERGENCY REPOIRTS

OTHER

PURPOSE OF DISCLOSURE:

REFERRAL TO SPECIALIST INSURANCE WORKERS COMP CHANGE OF DOCTOR
LEGAL INVESTIGATION DISABILITY DETERMINATION PERSONAL OTHER

I hereby authorize disclosure of the health information for the above named patient. I authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual or guardian or
Personal Representative of patient's estate

Date

NOTE: Federal and state laws permit a fee to be charged for the copying of patient records. HealthMark has been contracted to provide the service of medical records request. HealthMark can be reached at 1-800-659-4035.