



Authorization for the Release of Medical Records

Patient Name: _____
(also list maiden name/other names used)

Date of Birth: _____

I hereby request and authorize:

Terrapin Care Center
9658 Baltimore Avenue, Suite 420
College Park, MD 20740
Phone: 301.220.1930 Fax: 301.220.1906

_____ **To Disclose information to:** _____ **To Receive Information from:**

Name/Provider: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Information to be disclosed includes copies of:

- | | | |
|-------------------------|-----------------------------|----------------------|
| _____ Entire Record | _____ X-ray Reports | _____ Progress Notes |
| _____ X-ray Films | _____ Physical Exam forms | _____ MRI / Reports |
| _____ Daily chart notes | _____ Other, specify: _____ | |

Purpose for disclosure: _____ Treatment, Payment OR _____ Other (Specify) _____

This authorization will be effective for six months after the date signed, unless cancelled in writing. I understand that the cancellation will have no effect on information released prior to receiving the cancellation. A copy of this authorization is as valid as the original.

_____ **Email sent unencrypted to: _____

**I understand that records sent through unencrypted email pose a security risk but it is my requested method.

_____ Date: _____

Signature of Patient/Legal Representative/Relationship

(If signing for a minor patient, I hereby state that my parental rights have not been revoked by a court of law.)

Fees (check if applicable):

_____ \$50 for entire medical records on USB – Authorized Individual/Representative (mailed)

_____ \$15 for entire medical records emailed – Patient

_____ No fee if fax/forward to medical office/facility

Notice to recipient of information: This information has been disclosed to you from confidential records, which are protected by law. Unless you have further authorization, laws may prohibit you from making any further disclosures of this information without the specific written consent of the patient or legal representative.