

ELMAN RETINA GROUP, P.A.

Release of Medical Information

9114 PHILADELPHIA ROAD SUITE 310 BALTIMORE, MD 21237
7671 QUARTERFIELD ROAD SUITE 100 GLEN BURNIE, MD 21061
1838 GREEN TREE ROAD SUITE 170 PIKESVILLE, MD 21208
1001 PINE HEIGHTS AVE SUITE 102 BALTIMORE, MD 21229

PERMISSION TO THE RELEASE OF YOUR MEDICAL RECORDS

I, _____ with a date of birth, ____ / ____ / _____, give my permission to **send** my medical records *from Elman Retina Group* to the place/person of my choosing.

PERMISSION TO GET SENSITIVE INFORMATION

By putting my initials by each item below, I understand that I give permissions for records to be sent that may contain information about:

<input type="checkbox"/>	MY MENTAL HEALTH
<input type="checkbox"/>	TRANSMITTABLE DISEASE I MAY HAVE LIKE HIV/AIDS
<input type="checkbox"/>	GENETIC RECORDS
<input type="checkbox"/>	DRUG AND ALCOHOL RECORDS

RECORDS WITHIN THE FOLLOWING TIME PERIOD:

- ALL RECORDS FOR PATIENT
- RECORDS DATE BETWEEN _____ AND _____

TYPE OF RECORDS:

- ANY AND ALL TYPES OF RECORDS
- SOMETHING SPECIFIC: _____

RECORDS SENT FROM:

ELMAN RETINA GROUP

FAX NUMBER: 443-851-8502 OR 410-686-3690

MAILING ADDRESS:: 9114 PHILADELPHIA ROAD SUITE 310 ROSEDALE, MARYLAND 21237

FOR ANY QUESTIONS CALL US AT 410-686-3000

ELMAN RETINA GROUP, P.A.

9114 PHILADELPHIA ROAD SUITE 310 BALTIMORE, MD 21237
7671 QUARTERFIELD ROAD SUITE 100 GLEN BURNIE, MD 21061
1838 GREEN TREE ROAD SUITE 170 PIKESVILLE, MD 21208
1001 PINE HEIGHTS AVE SUITE 102 BALTIMORE, MD 21229

CONSENT TO RELEASE OF MEDICAL RECORDS FOR:

PATIENT NAME

DOB

REQUESTING RECORDS BE SENT TO:

NAME OF PRACTICE

NAME OF PHYSICIAN

PHONE NUMBER

FAX NUMBER

ADDRESS

I UNDERSTAND THAT:

I do have to give my permission to share these records

If I want to take away the permission for my doctor to get these records, I need to talk to my doctor or staff person and sign a paper

This form is only good for 1 year from the date I sign it

PATIENT'S SIGNATURE

DATE:

AUTHORIZED REPRESENTATIVE'S SIGNATURE

RELATIONSHIP OF AUTHORIZED REPRESENTATIVE