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Towson, Maryland 21286
Phone: 410-494-1369
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Owings Mills, Maryland 21117
Phone: 410-526-7993
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MEDICAL RECORD RELEASE

Patient Authorization for Use and Disclosure of Protected Health Information

Date of Request: _____ To: _____ (Physician at Main Street Pediatrics)
Authorization Valid until-Date: _____ (not to exceed 1 year)
Patient Name: _____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
Requested By: _____ Relationship to Patient: _____
Patient Address: _____
_____ Contact Number: _____

By signing this, I authorize MAIN STREET PEDIATRICS to

release receive

the Medical Records (Protected Health Information) on the above-named child(ren). I also verify that I am the legal guardian of the above and have the authority to request medical records.

This Protected Health Information is to be

sent to sent from

Complete Name and Address of Physician or Clinic

Patient/ Parent/ Legal Guardian Signature: _____
(Patient if over 18 years old)

Reason for request: _____

Check medical information you would like released:

_____ Records forwarded by previous physicians	_____ X-Ray reports
_____ Medical records while under care of above clinician / clinic	_____ Consultations
_____ Hospital admissions	_____ Laboratory results
_____ ALL OF THE ABOVE	_____ Immunization Record

OR

_____ **Partial Chart:** Medication list, immunization record, growth chart and last well visit

_____ other, please specify what is needed: _____

If you are leaving the Main Street Pediatric practice, I agree that, effective immediately, Main Street Pediatrics will no longer be designated as my primary care site under performance evaluation programs including the Blues PCMH program.

****There is a charge for record transfers that should be paid prior to processing this request. You will receive a call from one of our staff to discuss the cost. There is no charge for records to be sent to a physician or hospital consultant requested by a Main Street Pediatrics physician.**

It is expected that all current balances due to Main Street Pediatrics are also paid in full.

Release Completed By: _____ Date Sent: _____