



**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

Dear Patient, Parent or Guardian:

We will be happy to forward a copy of the medical record(s) you have requested. The requested medical records will be forwarded within a reasonable time in accordance with State and Federal Regulations. However, to release any medical information that originated from the provider(s) at the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A., we must have a signed authorization from the person concerned or in the case of a minor child, the parent or legal guardian. In addition, we will **ONLY** provide documentation of services rendered at the Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. Any information provided to our practice from a previous provider will not be included. The record release policy for The Maryland Pediatric Group, L.L.C./Pediatric Consultants, P.A. requires that a separate Authorization Form be completed for each medical record transfer request.

**Date of Request:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Telephone:** \_\_\_\_\_ **Name of Physician:** \_\_\_\_\_

**Current Mailing Address:**

\_\_\_\_\_

**Previous Mailing Address if different from above during time in which you were a patient at MPG:**

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

10807 FALLS ROAD, SUITE 200, LUTHERVILLE, MD 21093 PHONE: (410) 321-9393 FAX: (410) 825-4945

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Kirsten M. Brinkmann, M.D. Amy L. Winkelstein, M.D. Mary B. Garza, M.D. Jason P. Cervenka, M.D.  
Lauren P. Mendelsohn-Levin, M.D. Elizabeth A. Donahoo, M.D. Noel B. Morelli, P.A.-C Stephanie M. Eyer, CPNP  
Anna C. Curren, CPNP Rebecca A. Theise, CPNP Tina E. Chikovani, CPNP Lindsay E. Baron, CPNP  
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Patients Name: \_\_\_\_\_

Name & Mailing Address of physician/provider to whom you want the requested medical records transferred:

Name of Physician/Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Options for Type of Medical Records Requested (Please check one of the following):

\_\_\_ Basic Information. Includes: Problem List, Immunization Record, Growth Charts, last physical exam, last office note, and last laboratory report

\_\_\_ Complete Medical Record    \_\_\_ Immunization Record (no charge)    \_\_\_ Most Recent Physical

\_\_\_ Other \_\_\_\_\_

I understand that there is a cost of copying (\$.76 per page) and postage associated with processing medical records. \_\_\_\_\_ Parent/Guardian initials.

**\*\*Please note record transfer fees must be paid prior to processing this request.** \_\_\_\_\_ (Initials)

**\*\*All current balances to MPG must be paid in full.** \_\_\_\_\_ (Initials)

I understand that I may revoke this authorization in writing at any time except to the extent that action on this authorization has not already occurred. This authorization becomes effective \_\_\_\_\_ (today's date) and will expire \_\_\_\_\_ (not to exceed one year)

Patient (if over age 18)/Parent/Guardian Signature authorizing release of medical records from The Maryland Pediatric Group, L.L.C./Pediatric Consultants:

\_\_\_\_\_  
Signature of Patient, Parent or Legal Guardian (Circle one)

\_\_\_\_\_  
Date

# of pages copied:	@ \$.76
Postage Fee:	
<b>TOTAL FEE CHARGED:</b>	

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