



Carlden Health Family Clinic

198 Thomas Johnson Drive
Suite# 103
Frederick, MD 21702

Dorcas (Dee) Acheampong, FNP

OFFICE (301) 447-0710
FAX (301) 447-0771

Request to Send Out Medical Records

I AUTHORIZE:

Carlden Health Family Clinic
198 Thomas Johnson Drive
Suite# 103
Frederick, MD 21702
info@carldenhealth.com
Phone: 301-447-0710
Fax: 301-447-0771

TO RELEASE RECORDS TO:

Doctor: _____
Facility: _____
Phone: _____
Fax: _____

Check all that apply. If nothing fits your reason for transferring your records, please provide additional information in the "other" section. You may write in the margins, if necessary.

Reason for Release:

- Requesting My Own Records
- Transferring Records to A Specialist
- Transferring Records to A Hospital
- Transferring Records to A New PCP
- Other: _____

Records to Be Released:

- All Records
- Office Visits
- Physical Exams
- Imaging / Radiology / Lab Results
- Other: _____

Information NOT Authorized for Release:

- Alcohol / Drug Abuse Notes
- STD / HIV Results
- Mental Health Records
- Other: _____

I request that information about my healthcare and treatment be released as set forth on this form. This authorization covers all records that I have indicated above for release, and only those records. This authorization covers information related to alcohol and drug abuse, mental health treatment, and sexually transmitted diseases, unless otherwise indicated. I have the right to revoke this authorization at any time by signing a written statement. This authorization will expire 365 days after the date I have signed below, unless otherwise indicated. I understand that this authorization is voluntary. I understand that a charge may apply for these medical records and may be payable to the facility that is releasing the information under MD Statute 4-304.

*Please complete the **FOUR** demographic details below for the specified patient indicated in this release.*

1. Patient's Signature

2. Patient's Printed Name

3. Today's Date

4. Patient's Date of Birth

Optional: Expiration Date of Signed Release (Default is 365 days): _____/_____/_____