Desai Medical Center
3290 N. Ridge Rd., Suite 100
Ellicott City, MD 21043
(P) 410.313.9292 (F) 410.313.9293
(E) DrDesai@desaimedicalcenter.com

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Request Release from:

Physician's LN		**Physician's FN**	
Name of Practice &/or Specialty			
Phone #		**Fax #**	
Street Address		**City, State, Zip Code**	

Patient Information

Last Name		**First Name**	
Date of Birth		**SSN**	
Street Address		**City, State, Zip Code**	

I hereby authorize you to release to Desai Medical Center a copy of my medical records to be used for continuing medical care. I understand that the Protected Health Information may be re-disclosed by the recipient and thus, will no longer be protected under Federal privacy regulations.

By signing this authorization, I understand that medical records released may contain information related to HIV status, AIDS, sexually transmitted diseases, mental health, drug and alcohol abuse, etc. I understand that release of psychotherapy notes requires an additional authorization. I understand that I can revoke this authorization in writing at any time. I understand that revoking this authorization will not affect any disclosures made or actions taken prior to the receipt of revocation.

I understand that I am entitled to a copy of this authorization and the copy may be utilized with the same effectiveness as the original.

This authorization will expire one year from the date of the signature below.

_______________________________________ (Patient's Signature)

_______________________ (Date)

Records Authorized to be Released:

- ☐ Demographics
- ☐ Insurance Card (front and back)
- ☐ History & Physical
- ☐ Follow-up Visit Notes
- ☐ Diagnosis List
- ☐ Consultation Reports
- ☐ Medication List
- ☐ Lab Results
- ☐ Radiology Reports (Plain X-Ray/MRI/CT/Ultrasound)
- ☐ Procedure Reports (EKG/Endoscopy/Colonoscopy/Stress Test/Sleep Study/Operative Procedures)
- ☐ Pathology Reports
- ☐ List of Procedures
- ☐ Hospitalization records
- ☐ List of Physicians who treated the patient in the past
- ☐ Other: