

REQUEST FOR RELEASE MEDICAL RECORDS

In the State of Maryland the physician who creates and maintains the patient's medical records is the owner of those records. Currently, Maryland law states that a photocopy of the medical record may be released to the patient upon proper request within a reasonable amount of time. "Proper request" means a written request signed by the patient, or in the case of a minor, the legal guardian of the patient. The form below may be used for this purpose. For reasons of medical liability, copies of medical records forwarded to this office from other providers become the property of this office and must remain in your record here. If you wish to obtain copies of your medical record from those providers, you must contact them directly.

Please note that the law allows the physician a "reasonable period of time" to comply with your request. It also permits the office to charge a reasonable fee for preparing the copies.

The charge for release of medical records to the patient is \$15.00 for each request.

Patient's Name: _____

Patient's D.O.B.: _____

I, _____ hereby authorize release of copies of my medical records

To:

The following physician or medical office:

From:

The following physician or medical office:

Signature of Patient or Legal Guardian

Date