

Request for Medical Records Release

I authorize the release of my medical information from:

Carroll Health Group
193 Stoner Avenue, Suite 110
Attn: Medical Records
Westminster, MD 21157
Phone: 410-871-7074
Fax: 410-871-6227
Carroll Health Group physician office is: CHG Ob/Gyn

And authorize my medical information be sent to: (3 Options-Please CHECK ONE)

- Option 1: Capital Women’s Care
844 Washington Road, Suite 302
Westminster, MD 21157
- Option 2: Copy for Self
- Option 3: Other Ob/Gyn physician office:
Name of Entity: _____
Address: _____

Fax #: _____ Phone #: _____

- I understand that this request will include health information relative to testing, diagnosis, and/or treatment of HIV, sexually transmitted disease, drug and/or alcohol use. Based on the HIPAA act of 1996 we will not release any medical records relative to psychiatry or mental health issues.
- Once the medical information is released to any of the above chosen entities, it is the responsibility of the new entity to provide continued confidentiality of your patient record.
- Transfer of records can take up to 21 business days to turnaround to chosen entity.

Patient Name (Include Maiden name if applicable): _____

Patient DOB: _____

Patients Address: _____

Date New Appointment Scheduled (if applicable): _____

Patient/Guardian Signature (Under Seal)

Date