UNIVERSITY of MARYLAND
FACULTY PHYSICIANS, INC.
Faculty Practices of the
University of Maryland School of Medicine

AUTHORIZATION TO RELEASE/REVIEW MEDICAL RECORD INFORMATION

University of Maryland Faculty Physicians, Inc. and the affiliated physician practice groups listed on the following page (collectively, "**FPI**") release patient medical record information in compliance with FPI's Notice of Privacy Practices. Completion of this Authorization gives FPI permission to obtain/release/disclose the following patient's information.

Patient's Last Name _____ First Name _____ Middle Initial/Name _____ Maiden or Other Name (if any) _____

Address _____ Suite/Apt. # _____

City _____ State _____ Zip Code _____

Date of Birth _____ XXX-XX-_____ Last 4 digits of Social Security # Telephone # _____

Release Information From:	***Release Information To:***
Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Phone:_____ Fax:: _____	Phone:_____ Fax:: _____

For complete medical record and/or billing records, check below:

☐ Complete copy of medical record*** ☐ Billing records

For specific information, but not the complete medical record, check below:

		Purpose of disclosure:
☐ Laboratory/pathology records	☐ Drug and alcohol treatment information	☐ Request of Patient
☐ X-ray/radiology records	☐ Behavioral or mental health records	☐ Treatment/Continued Care
☐ Consultation reports	☐ HIV/AIDS	☐ Insurance/Disability Application
☐ Abstract/Summary	☐ Other _____	☐ Legal
☐ Pharmacy/prescription records		☐ Other _____

If FPI has records from other providers, || **I do** ☐ / **I do not** ☐ || wish to have those records released per this Authorization.
If neither box is checked those records will be provided if the request is for a complete copy of the medical record.

For the date(s) of service from: _____ to: _____

****If the patient's complete medical record contains any information relating to behavioral and/or mental health care, alcohol and drug abuse, HIV/AIDS, sexually transmitted diseases, and/or genetics you are hereby authorizing disclosure of this information.*

This Authorization is voluntary. FPI may not condition treatment, payment, enrollment, or eligibility for benefits on the signing of this Authorization. This Authorization can be revoked in writing at any time as provided in FPI's Notice of Privacy Practices. Such revocation will not cover disclosures made previously in reliance on this Authorization. FPI, its employees, officers, directors, agents and staff are released from legal responsibility or liability for the release of the information in accordance with this Authorization. Medical record information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal law. ***A fee may be charged for processing this request.*** *This Authorization will expire one (1) year from the date signed unless a sooner date, event, or condition is specified: _____.*

I have read the above and fully understand the terms and conditions of this Authorization.

Signature: **X**_____ Date:_____

Print Name: _____ Phone # if not Patient:_____

If not signed by Patient; please note authority to act for Patient and attach proof (other than parent):

☐ Parent with parental rights	☐ Court appointed guardian ☐ Registered kinship care relative	☐ Medical power of attorneys/appointed health care agent ☐ Court appointed personal representative of deceased

University of Maryland Anesthesiology Associates, P.A.
University of Maryland Dermatologists, P.A.
University of Maryland Diagnostic Imaging Specialists, P.A.
University of Maryland Emergency Medicine Associates, P.A.
University of Maryland Eye Associates, P.A.
University of Maryland Family Medicine Associates, P.A.
(d/b/a University of Maryland Family and Community Medicine)
University of Maryland Neurology Associates, P.A.
University of Maryland Neurosurgery Associates, P.A.
University of Maryland Obstetrical and Gynecological Associates, P.A.
University of Maryland Oncology Associates, P.A.
University of Maryland Orthopaedic Associates, P.A.
University of Maryland Orthopaedic Trauma Associates, P.A.
University of Maryland Otorhinolaryngology-Head & Neck Surgery, P.A.
University of Maryland Pathology Associates, P.A.
University of Maryland Pediatric Associates, P.A.
University of Maryland Physicians, P.A.
(d/b/a University of Maryland Medical Group)
(d/b/a University of Maryland Cardiology Physicians)
University of Maryland Psychiatry Associates, P.A.
University of Maryland Radiation Oncology Associates, P.A.
University of Maryland Surgical Associates, P.A.
Shock Trauma Associates, P.A.
University Imaging Center, LLC