AUTHORIZATION FOR PLUMTREE FAMILY HEALTH CENTER TO RELEASE INFORMATION TO ANOTHER PARTY

PATIENT FULL NAME:		DATE OF BIRTH:	
PREVIOUS NAMES:		SOCIAL SECURITY #:	
PT EMAIL:		PT PHONE NUMBER:	

I REQUEST AND AUTHORIZE PLUMTREE FAMILY HEALTH CENTER TO RELEASE HEALTHCARE INFORMATION OF THE PATIENT NAMED ABOVE TO:			
NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
PHONE NUMBER:		FAX NUMBER:	
EMAIL ADDRESS:			

	THIS REQUEST AND AUTHORIZATION APPLIES TO: (MUST PLACE "X" NEXT TO ONE OPTION)
	HEALTHCARE INFORMATION RELATED TO THE FOLLOWING TREATMENT, CONDITION OR SPECIFIC DATES ONLY:______________________________
	ALL HEALTHCARE INFORMATION - # OF YEARS RECORDS ____________
	OTHER: ______________________________

FEES: MARYLAND LAW (HEALTH GENERAL SEC. 4-304) ALLOWS PHYSICIANS TO CHARGE PATIENTS (OR THE PATIENT'S "PERSONAL REPRESENTATIVE") A FEE FOR COPYING MEDICAL RECORDS. THE CHARGES MAY BE ADJUSTED ANNUALLY FOR INFLATION.

PLEASE SELECT THE METHOD IN WHICH YOU WOULD LIKE TO RECEIVE MEDICAL RECORDS – MUST SELECT ONE

	PRINTED – 76 CENTS PER PAGE. TOTAL WILL BE CALCULATED AND YOU WILL BE CONTACTED FOR PAYMENT.
	EMAIL - $20 FLAT FEE TO HAVE PDF ELECTRONICALLY SENT. EMAIL MUST BE WRITTEN ABOVE.
	USB DRIVE SUPPLIED BY PFHC - $30 FLAT FEE TO UPLOAD MEDICAL RECORDS TO A USB DRIVE.
	USB DRIVE SUPPLIED BY PATIENT - $20 FLAT FEE TO UPLOAD MEDICAL RECORDS TO A **BRAND NEW UNOPENED USB** DRIVE PROVIDED BY THE PATIENT. USED DRIVES CANNOT BE ACCEPTED.
	CHART SUMMARY* SENT TO ANOTHER PROVIDER – FREE - (INCLUDES: MED LIST, LAST OFFICE VISIT NOTE, LAST LABS) *NOT AVAILABLE FOR RECORDS FROM TINNEY FAMILY MEDICINE DUE TO FILE FORMAT.

YES	NO	PLEASE CHECK YES OR NO FOR EACH ROW
		I AUTHORIZE THE RELEASE OF MY STD RESULTS, HIV/AIDS TESTING, WHETHER NEGATIVE OR POSITIVE, TO THE PERSON(S) LISTED ABOVE.
		I AUTHORIZE THE RELEASE OF ANY RECORDS REGARDING DRUG, ALCOHOL, OR MENTAL HEALTH TREATMENT TO THE PERSON(S) LISTED ABOVE.

PATIENT SIGNATURE:	
DATE SIGNED: (VALID FOR 1 YEAR)	