

MEDICAL RECORDS RELEASE FORM

Dear Patient,

In the State of Maryland, the physician who creates the patient's medical record is the owner of those records. Maryland law (Health General Section 4-304) and the Federal Health Insurance Portability and Accounting Act (HIPAA) of 1996 allows physicians to charge patients (or the patients "personal representative") a fee for copying medical records. The charges are adjusted annually in accordance with the Consumer Price Index. The 2013 fee is calculated to include the following:

- Fee for copying not to exceed \$0.76 cents for each page of the medical record.
- The actual costs of postage and handling.
- Preparation fee of \$22.88, if the records are to be sent to another provider or health insurance carrier. The Federal HIPAA regulations do not allow a charge for a preparation fee for records provided directly to the patient.

I, _____, request and authorize a copy of my medical records from Medstar Health OB/GYN at Medstar Montgomery Medical Center to be released to myself ☐ or to the physician ☐ indicated below:

Physician Name: _____**Address:** _____**Phone:** _____**Fax:** _____

I understand that the medical records to be released may contain information related to HIV status, AIDS, sexually transmitted diseases, alcohol and/or drug use, or mental health services and I hereby authorize the release of this information.

Patient Name: _____**Patient Signature:** _____**Address:** _____**Patient Birthdate:** _____**Date:** _____**Patient SS #:** _____**Patient Phone #** _____

OFFICE USE ONLY**Date Records Sent:** _____☐ Mailed ☐ Faxed**Employee Name:** _____**Total Charge \$** _____**Date Posted:** _____**Employee Signature:** _____