

MARYLAND ENDOCRINE AND DIABETES PRACTICE

Lynne A. Gaynes-Kaplan, MD
Nicholas B. Argento, MD
Ann C. Hagen, MD
Rosalie Naglieri, MD
Kayla E. Cunningham, MD

10710 Charter Drive, Suite 410
Columbia, Maryland 21044
www.marylandendocrine.com
301-953-2080 Fax 301-953-3543

Heidi A. Karon, MD
Mark D. Corriere, MD
L. Catherine Tello, MD
David Ni, MD
Javza Natsag, MD

RECORDS RELEASE

Date: _____

To: _____

I HEREBY AUTHROIZE YOU TO RELEASE TO:

Name: _____

Address: _____

Any information including the diagnosis and records of any treatment or examination rendered to me during the period from _____ to _____.

I understand that this authorization shall be effective for a period of one year unless otherwise noted. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancelation. I understand that the information used may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

All requests for chart copies will be charged at the rates established acceptable by Maryland State Law. ***Please note that our office outsources the copying of your medical records to THE SMART CORPORATION.** You will receive a separate bill from them directly.

Signature

Witness

Printed name of patient

Printed name of Witness

Address of patient

Patients date of birth
