WALDORF
WOMEN'S CARE

Authorization and Consent for the Release of Medical Records

I hereby authorize (provider's name/hospital)_____ to RELEASE the medical records of (your name)_____whose date of birth is: _____/_____/_____ and date of treatment was from (earliest date to be released) _____/_____/_____ to current.

RELEASE TO:
Waldorf Women's Care, LLC
11355 Pembrooke Sq., Suite 108A
Waldorf, Maryland 20603-4805
Phone 240-252-2140
Fax 240-252-2141

for the purpose of: _____

Please indicate what specifically is to be released:

( )Entire Medical Record ( )Mammography ( )Laboratory Tests ( )PAP Smear ( )Operative Reports
( ) Pathology ( )Discharge Summary ( )Other_____

I understand that these medical records may or may not contain information pertaining to psychiatric counseling or testing, alcohol or drug abuse counseling or testing, and/or HIV/ARC testing. I do expressly and voluntarily authorize the disclosure of the said medical records to the person(s) and/or entity(ies) as stated above. This authorization/consent will remain in effect for a period of one (1) year from the date stated below, unless revoked in writing by the person to which it pertains (or his/her parent, legal guardian or legally authorized agent), to the Medical Records Department. These medical records are being disclosed under the provisions of the applicable Maryland state and Federal Law.

NOTICE TO THE RECIPIENT OF RECORDS:
This information has been disclosed to you from records protected by Federal Laws of confidentiality (42 C.F.R. Part 2). These laws prohibit you from making any further disclosure of these records, unless further disclosure is expressly permitted by written authorization by the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of these medical records is not sufficient for this purpose. You may only use these medical records for the purpose(s) as stated above.

_____ _____
Patient, Parent, Legal Guardian or Legally Authorized Agent Date

_____
Witness