

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

Patient's Name _____ / _____ / _____
First M.I Last (PLEASE PRINT) Date of Birth

Patient's Contact Information: _____
Street Address City, State, Zipcode Telephone Number

I hereby authorize:

**Digestive Disease Consultants
A Division of Capital Digestive Care, LLC**

Alan N. Schulman, M.D. Sheila G. Levin, M.D.
Robert M. Eisdorfer, M.D. Julia C. Korenman, M.D.
Lawrence A. Bassin, M.D. David L. Jager, M.D.
Colleen M. Kennedy-Smith, C.R.N.P.

14955 Shady Grove Road, Suite 150
Rockville, MD 20850
(301) 340-3252 Telephone
(301) 340-1423 Facsimile

Release To Obtain From

The above patient is requesting the following information be made available to or from:

Person/Organization to receive information

_____ Fax Number: _____

Street Address

_____ Phone Number _____

City, State and Zip Code

Information to be released:

Office Visit Notes ~ date _____ Laboratory Reports ~ date _____

Radiology Reports ~ date _____

Procedure Reports ~ date _____ Other _____

Please specify

I understand that Maryland Law 4-304©(3) allows us to charge a fee for duplication of medical records and any administrative charges. I understand that the medical records to be released may contain protected health information (PHI) related to Hepatitis, HIV Status, AIDS, Sexually Transmitted Diseases, alcohol or drug use, or mental health services; and hereby authorize the release of this information. All information released will be handled confidentially. This authorization for disclosure is specific for this request only and is valid for one year from the date of this authorization release. ***I may withdraw this authorization at any time except to the extent that action has been taken in response thereon.***

Signature of Patient

Date

Signature of Parent/Guardian

Relationship



Law and Advocacy Division

2008 Update on Medical Records Copying Charges

September 10, 2008

On October 1, 1994 the law allowing physicians to charge specific sums for preparation and production of medical records went into effect. This law is codified in Maryland law at Health-General Article § 4-304(c)(3). These fees may be adjusted annually for inflation using the Consumer Price Index on July 1 of each year. The statute does not designate an entity to compute the increases. Since 1995 MedChi has calculated and published the appropriate adjustment, not in any official capacity, but as a service to its members and the Maryland public.

The adjusted rates for medical record copying are as follows:

- A preparation fee of \$22.18 (**This fee may not be charged to patients**), plus
- A copying charge of \$.73 cents per page; plus
- The actual cost of shipping and handling

However, the following rules apply:

- No fee may be charged to transfer the records of a Medicaid recipient to another provider.
- A practitioner may not withhold medical records because of unpaid fees for medical services.
- The records may not be withheld under an emergency request from a state or local governmental unit concerning a child protective services or adult protective services case pending payment.
- A physician should not withhold records that have been subpoenaed pending payment of copying and preparation charges but may bill any non-governmental entities subpoenaing records.
- In the opinion of MedChi's Committee on Ethics and Judicial Affairs, records should not be withheld from another health practitioner pending payment of the copying fees if to do so would hinder an ill patient from receiving needed medical attention.

Consistent with the above exceptions, physicians may demand payment of the copying and preparation charges before turning the records over to a patient or other authorized person.

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