
Authorization for Release of Patient Information

In the state of Maryland, the physician who creates the patient's medical records is the owner of those records. Current Maryland law states that a photocopy of the medical records/information may be released to the patient or an authorized representative upon proper request within a reasonable period of time. Proper request means a request in writing that is signed and dated by the patient whose records/information are being requested.

I, _____, hereby authorize and understand that Vinu Ganti, M.D., P.C. and staff will transmit my medical records or health related documents by fax or electronically to:

(party receiving records/information)

The related health information should be sent to:

Fax Number: _____

Attention To: _____

Organization Name/Purpose: _____

Medical Records concerning the period from: _____ TO _____

Records Requested: _____

(i.e.: lab reports, radiology results, progress notes, letters etc.)

I understand that the records/information to be released may contain information related to HIV status, AIDS, sexually transmitted diseases, alcohol or drugs, or mental health services and I hereby authorize release of this information. If another party receives/views them in error, I absolve Dr. Vinu Ganti & staff of any and all liability relating to such submission of said records.

x _____
Full Printed Name

x _____
Date of Birth

x _____
Signature

x _____
Date

FOR OFFICE USE ONLY

Name of fulfilling staff: _____

Date: _____

Comments: _____