

**TO PATIENTS REQUESTING MEDICAL RECORDS**

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 record may be released to the patient's representative upon proper request within a reasonable periods of time. "Proper request" means a request in writing.

Please note that the law allows the physician a "reasonable period of time" to comply with you request. It also permits the office to charge a reasonable fee for preparing the copy. If you have any questions about obtaining your medical records, you may call the Montgomery County Medical Society at 301-921-4300.

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

TO: \_\_\_\_\_  
(PHYSICIANS NAME) (PHONE) (FAX)

\_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP CODE)

RE: \_\_\_\_\_  
(NAME OF PATIENT) (DATE OF BIRTH) (SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(ADDRESS) (PHONE)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

The undersigned hereby authorizes and requests you to provide \_\_\_\_\_ (Person receiving records) With a copy of the medical record of the above referenced patient. This authorization is valid for:

\_\_\_\_\_ Any and all information related to past and present medical histories, diagnosis and treatments.

\_\_\_\_\_ The medical records concerning the period from \_\_\_\_\_ to \_\_\_\_\_.

I understand that the medical records 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.

This authorization for disclosure is valid for a period of one year and may be withdrawn by me at any time except during an action taken in response thereon.

\_\_\_\_\_  
(Person or authorized representative) (Date)

\_\_\_\_\_  
(Signature) (Witness)

Please send medical records to:

**Dr. Vinu Ganti**  
**12800 Middlebrook Road Suite# 204**  
**Germantown, MD 20874**  
**PHONE: (301)540-8146**  
**FAX: (301)540-8162**