BALTIMORE MEDICAL ASSOCIATES LLC

Consent to release medical records

Permission to get records

I, _____, date of birth, _____,

give my permission to _____,

to release my medical records (as described on p. 2), to ***Mittal Prajapati, M.D. (Baltimore Medical Associates, LLC)*** so that he/she can better understand my condition and help me.

Permission to get sensitive information

By putting my initials by each item below, I understand that I give permission for records to be sent that may contain information about:

____ my mental health,

____ transmissible diseases that I may have like, HIV/AIDS,

____ genetic records and/or,

____ drug and alcohol records

I understand that:

- I do not have to give my permission to share these records.
- If I want to take away the permission for my doctor to get these records, I need to talk to my doctor or a staff person and sign a paper
- This form is only good for 3 months from the date I sign it.

Patient's Signature: _____ Date: _____

Authorized Representative's Signature: _____

Relationship of Authorized Representative: _____

Baltimore Medical Associates, LLC
20 Crossroads Dr | Ste 10 | Owings Mills | MD | 21117
(O) 410-844-3121; (F) 443-552-7450

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Patient name: _____ DOB: _____

Date of consent: _____

Requesting records from:

Name of Practice: _____

Name of Physician: _____

Address: _____

_____

Office phone: _____; Office fax: _____

Types of records we are requesting:

- ☑ **Any and all types of records you have for this patient**
- ☐ Doctors visit notes
- ☐ Emergency Room notes
- ☐ Urgent care notes
- ☐ History and Physical
- ☐ Hospital progress notes
- ☐ Operation or procedures notes
- ☐ Clinic notes
- ☐ Pathology reports
- ☐ Doctors' orders
- ☐ Nurses notes
- ☐ Discharge summary
- ☐ Lab reports
- ☐ Radiology reports
- ☐ Consultations
- ☐ Other _____

Records within following dates:

- ☑ All records for this patient
- ☐ Records dated between _____ and _____

Please send records to:

Attention: _____Mittal Prajapati, M.D._____

At fax number: ___443-552-7450_____

Or mail to: _____20 Crossroads Dr, Suite 10, Owings Mills, MD 21117_____

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