# AUTHORIZATION TO DISCLOSE HEALTH INFORMATION TO DIGESTIVE DISORDERS ASSOCIATES

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|---|---|
| Patient Name | Birthdate (Mo/Day/Yr) |
| Street Address | Social Security Number |
| City, State, Zip code | Phone |

**I hereby request that** _____ **release my records to:**

**Digestive Disorders Associates**
621 Ridgely Avenue, Suite 201
Annapolis, MD 21401
Telephone: (410) 224-4887 Fax: (410) 224-1428

**AS SPECIFIED BELOW:**
Service Date(s):_____

____All Medical Records ____Office visit notes ____24 HR PH/Manometry/Motilty/Remicade
____Laboratory Reports ____Radiology Reports ____Colonoscopy/EGD/EUS/ERCP Report
____Pathology Reports ____Other (specify)_____

___I do ___I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

**REASON FOR REQUEST:**
___Referral to Specialist ___Insurance ____Workers Comp ___Legal Investigation
___Disability Determination ___Personal ___Out of State Move ___Change GI Dr
___Other (specify)_____

I understand I have the right to revoke this authorization at any time and that I must do so in writing and present my written authorization to whom I am requesting records from. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise specified, this authorization will automatically expire in one year. I understand that authorizing the disclosure of this health information is voluntary and I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand any disclosure of my information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

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| **Signature** of patient, guardian or Personal Representative of patient's estate | **Date** |

**NOTE**:Per Maryland law, Health-General Article Section 4-304(c)(3) as of 2004 physicians are allowed to charge specific sums for preparation and production of medical records that is adjusted annually for inflation, so please check with your physicians' office to determine if there are any fees associated with the release of your records. Please refer to MedChi.org for current fee amounts.