

GERMANTOWN REPRODUCTIVE HEALTH SERVICES

13233 Executive Park Terrace, Germantown, MD 20874 301-353-9200 Fax 301-604-4318 LeRoy H. Carhart, M.D.

Authorization for Disclosure of Protected Health Information

Please complete the following information:

Person Name _____ Date of Birth _____

Address _____ Apt _____

City _____ State _____ Zip _____

Phone Number _____ SSN _____

Please release the following records:

All Records

C-Section Records

I authorize the following facility to release these records:

Facility Name _____

Address _____ Suite/Apt _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Please send these records to:

Germantown Reproductive Health Services
13233 Executive Park Terrace
Germantown, MD 20874
FAX 301-601-4318

-OR-

Facility Name _____

Address _____ Suite/Apt _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

By signing below, I am authorizing the release of my medical records.

Patient Signature _____ Date _____

Your prompt attention concerning this matter is greatly appreciated. Thank You.