



GREATER MARYLAND EYE Physicians & Surgeons

Azeb Telahun, MD

*Comprehensive Ophthalmology
Glaucoma
Cataract Surgery*

Cathy D. Shrader, MD

*Comprehensive Ophthalmology
Glaucoma
Cataract Surgery*

Padmaja Nootheti, MD

*Comprehensive Ophthalmology
Glaucoma Specialist*

Hector A. Rojas, MD

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Cataract Surgery*

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Consent for Release of Medical Records

In the state of Maryland the physician who creates and maintains the patient's medical records is the owner of those records. Currently, Maryland law states that a **photocopy** of the medical records may be released to the patient upon proper request within a reasonable amount of time. "Proper Request" means a written request signed by the patient, or in the case of the minor, the legal guardian to the patient. The form below may be used for this purpose. For reasons of medical liability, copies of the medical records forwarded to this office from other providers become property of this office and must remain in your records here. If you wish to obtain copies of your medical records from those providers, you must contact them directly.

Please note that the law allows a physician a "reasonable period of time" to comply with your request. Also, there is a fee when a patient request's the records for themselves (\$0.76¢ per page), however there is no fee if the records are being sent to another physician directly.

I, _____, hereby
authorize release of copies of my medical records

From:

☐ Greater Maryland Eye Physicians and Surgeons

☐ _____

Phone: _____

Fax: _____

To:

☐ Greater Maryland Eye Physicians and Surgeons

☐ Myself

☐ _____

Phone: _____

Fax: _____

Dates of records requested: _____ to _____

OR

☐ All Records

Signature of Patient/Guardian: _____

Today's Date: _____

Date of Birth: _____