



**CAPITAL  
DIGESTIVE  
CARE<sup>SM</sup>**

*First in Digestive Health*

**AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION**

Patient's Name \_\_\_\_\_  
First M.I. Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**I hereby authorize:**

**Capital Digestive Care  
14955 Shady Grove Road, Suite 150  
Rockville, MD 20850  
(301) 340-3252 Telephone  
(301) 340-1423 Facsimile**

To Release To    or     Obtain From

\_\_\_\_\_  
Person/Organization to receive information

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Fax Number:

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

***Information to be released:***

- All Records
- Office Visit Notes ~ date \_\_\_\_\_
- Laboratory Reports ~ date \_\_\_\_\_
- Radiology Reports ~ date \_\_\_\_\_
- Procedure Reports ~ date \_\_\_\_\_
- Pathology Reports ~ date \_\_\_\_\_
- Other \_\_\_\_\_

Please specify

***Purpose of Disclosure:***

- Change of Doctor
- Referral to Specialist
- Disability Determination
- Insurance
- Personal
- Workers Comp
- Other: \_\_\_\_\_

Please specify

I understand that Maryland Law 4-304©(3) allows us to charge a fee for duplication of medical records and any administrative charges. I understand that the medical records to be released may contain protected health information (PHI) related to Hepatitis, HIV Status, AIDS, Sexually Transmitted Diseases, alcohol or drug use, or mental health services; and hereby authorize the release of this information. All information released will be handled confidentially. This authorization for disclosure is specific for this request only and is valid for one year from the date of this authorization release. ***I may withdraw this authorization at any time except to the extent that action has been taken in response thereon.***

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship

**Capital Digestive Care  
Digestive Disease  
Consultants**

\_\_\_\_\_  
Alan N. Schulman, MD  
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[capitaldigestivecare.com](http://capitaldigestivecare.com)