



WESTMINSTER PEDIATRICS

Request for Medical Records Release

I authorize the release of my medicals information to:

Name of entity: Westminster Pediatrics

Address: Dr. Michael Beardsley
Westminster Pediatrics
511 Jermor Lane, Ste. 105
Westminster, MD 21157
Office 410-871-1000

Fax : 443-201-8315

Phone : 410-871-1000

Records to be released from :

Doctor : _____

Address : _____

Fax : _____ Phone : _____

Reason for Medical Records Release : _____

- I understand that this request will include medical information relative to testing, diagnosis, and/or treatment of HIV, sexually transmitted diseases, drug and/or alcohol use. Based on HIPPA act of 1996 we will not release any medical records relative to psychiatry or mental health issues.
- There may be a charge for preparation and copying of medical records. Fees are assessed in accordance with Maryland State Law.

The releasing office does not guarantee the continued confidentiality of medical information once the requested medical information has been released to the above entity.

Patient Name : _____

Patient SS# : _____

Patient DOB : _____

Patient/Guardian Signature (Under Seal)

Date

140 Village Shopping Center, Marathon Building
511 Jerome Lane, Suite 105, Westminster, MD 21157
Phone: (410) 871-1000 ♦ Fax: (443) 201-8315