



www.carrollcounseling.com

South Carroll Medical Center  
1380 Progress Way, Suite 101  
Eldersburg, MD 21784  
Phone: 410-549-5181  
Fax: 410-549-5182

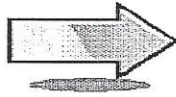
Illiano Plaza  
1311 S. Main St., Suite 202  
Mt. Airy, MD 21771  
Phone: 301-829-2242  
Fax: 301-829-2290

## AUTHORIZATION TO RELEASE RECORDS

I authorize the release of my medical records to:

Name of Entity: \_\_\_\_\_

Address:



Fax# \_\_\_\_\_

Phone# \_\_\_\_\_

Records to be released from:

Dr. \_\_\_\_\_ and

Dr. \_\_\_\_\_ at Carroll Counseling Center

Address: 1380 Progress Way Suite 101  
Eldersburg, MD 21784  
Phone: 410-549-5181 Fax: 410-549-5182

Reason for medical records release:

\_\_\_\_\_

- I understand that this request will include information relative to evaluation, diagnosis, testing and/or medication management and must be authorized by my doctor(s) prior to release.
- There may be a charge for the preparation and copying of the medical records. Fees are assessed in accordance with Maryland State Law.

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

