



Medical Records Request Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization to Disclose/ Release Medical Record Information

I, \_\_\_\_\_, authorize Carroll Counseling Center, LLC to disclose my Medical Record/s information to / obtain information from:

Provider / Organization / Lawyer Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Provider/s at Carroll Counseling Center to whom I am requesting records from:

\_\_\_\_\_

Information to be obtained / Received/ Released:

- Prescription / Medication List, Appointment List, Billing Information, Discharge Summary, Psychotherapy Progress Notes, Psychiatric Progress Notes (Med. Management), Neuropsychological Testing Report, Psychological Testing Report, Records by date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy format), Other: \_\_\_\_\_

Information to be Discussed / Shared:

- No Charge - Continuation of Care (Dr. to Dr. ONLY), Patient Records Pick Up (\$0.76 per page if for than 20 pages), Medical Form/s (\$25 per page), For Outside Organizations & Lawyers we follow the below MD Law Guidelines: Medical Letter/s (\$25 half page - \$100+), (\$22.88 processing fee + \$0.76 per page)

By signing below, I agree to the above Medical Record charges and the disclosure of my health information to whom I have listed. All fees for Medical Records are due before the release of any information. I have been made aware that I am responsible for 100% of all fees associated with my request/s including those that I do not pick up/ no longer need and those that are not covered by my requested organization. This consent is valid for 1 year (365 days) from the date of my signature unless otherwise specified and agreed upon.

Patient / Guarantor Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient (if Guarantor completing form): \_\_\_\_\_

Carroll Counseling Center Staff Witness \_\_\_\_\_ Date \_\_\_\_\_