

Jesus A. Burbano, M.D. L.L.C.
General Pediatrics

8615 Ramsey Avenue
Silver Spring, MD 20910
Telephone: (301) 585-1230
Fax: (301) 585-2446

Authorization for Release of Medical Information

Date of Request: _____
Patient's Name: _____ Date of Birth: _____
Address: _____
City/State/ Zip Code: _____
Patient's Phone#: _____

<input type="checkbox"/> I authorize Jesus A. Burbano, M.D., L.L.C. to release information to: _____ Name of Provider or Facility _____ Address _____ City/State/Zip code _____ Phone# and Fax# (include area code)	<input type="checkbox"/> I authorize Jesus A. Burbano, M.D., L.L.C. to obtain information from: _____ Name of Provider or Facility _____ Address _____ City/State/Zip code _____ Phone# and Fax# (include area code)
---	--

PURPOSE FOR THE REQUEST: (check one) Healthcare Personal Other Transfer of Care

TYPE OF RECORDS REQUESTED: (check one)

All medical records related to a specific illness of injury:

Specify illness/injury _____ Date(s) of Treatment _____

History and Physical Lab test results X-ray reports Other: _____
(Please Describe)

Entire Copy of the Record

I understand that:
Maryland law (Health General Sec. 4-304) allows physicians to charge patients (or the patient's "personal representative") a fee for copying medical records. A health care provider shall comply within a reasonable time after a person in interest requests in writing to receive a copy of a medical record. The updated maximum rates effective July 1, 2011 are:

- A fee for copying not to exceed **.75 cents for each page** of the record _____
- The actual cost of postage and handling \$ _____
- Preparation fee of \$22.00, if the records are sent to another provider. The federal HIPAA regulations do not allow a charge for a preparation fee for records provided directly to the patient.
- There is no charge for copy of vaccination record.

Total Cost for Medical Record \$ _____

Signature of Parent or Legal Guardian: _____ Date _____

Relationship to the patient: _____