Chesapeake Medical Solutions t/a

CONSENT FOR RELEASE OF INFORMATION

(rev 01152016)

I hereby authorize Chesapeake Medical Solutions, PA and YDIPRMC LLC to release my medical record information, which may include dates, history of illness, diagnostic and therapeutic treatment

Patient Name _____ Date _____

Patient Street Address _____ City, State, Zip Code _____

Patient Date of Birth _____ Patient Social Security Number _____ Patient phone # _____

Disclose my health information to:

Recipient Name _____

Recipient Street Address _____ City, State Zip Code _____

Recipient Telephone# _____

For dates of treatment beginning_____and ending_____.

Circle all records you would like us to copy

Entire record X-Ray X-Ray Reports Office notes Lab Reports Discharge summaries Billing statement

Other: _____

- I understand there is a charge for copying and handling my request and agree to pay these fees at the time of this request.
- I understand that the charges are in compliance with applicable state guidelines
- I understand that medical records released may contain information related to HIV status, AIDS, sexually transmitted diseases, mental health, drug and alcohol abuse. I understand that release of psychotherapy notes requires additional authorization.
- I understand that this consent may be revoked in writing at any time and that this revocation will not cover disclosures made previously in reliance on this consent
- I understand that Chesapeake Medical Solutions and its employees, officers and medical staff are released from legal responsibility or liability for the release of the information in accordance with this consent.

Signature of patient, or representative, if minor _____ Date _____

Name and relationship of representative _____ Witness _____ Date _____

Date picked up _____ Picked up by _____

WHERE WE CARE FOR YOU

URGENT CARE

All locations
(877) 222-4934

Easton
8163 Ocean Gateway
Easton, MD. 21601
Fax: (410) 820-0237

North Salisbury
2425 N. Salisbury Blvd.
Salisbury, MD. 21801
Fax: (443) 944-0192

South Salisbury
1135 S. Salisbury Blvd
Ste 101
Salisbury, MD 21801

Pocomoke City
1511 Ocean Highway
Pocomoke City, MD. 21851
Fax: (443) 437-7378

West Ocean City
12385 Ocean Gateway
Ocean City, MD. 21842
Fax: (443) 664-6882

Cambridge
300 Sunburst Hwy
Cambridge, MD, 21613
Fax: (410) 221-8150

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OCCUPATIONAL HEALTH

All locations
(877) 222-4934 xt 3001
Fax: (410) 334-3614

Easton
Salisbury N&S
Pocomoke City
West Ocean City
Cambridge

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Administration/Billing
31516 Winterplace
Pksy Ste 103
Ph: (410)334-6351
Fax: (410) 334-6352

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