



4350 EAST-WEST HIGHWAY
 SUITE 200
 BETHESDA, MD 20814

PH: 301.970.4001
 FX: 301.970.4002
 HEALTHYFOUNDATIONSGROUP.COM

Mental Health and Medical Records Release Request

INSTRUCTIONS: Complete this form in its entirety and forward the original to the address above:

Please complete a separate form for each requestor

IDENTIFYING INFORMATION:

Patient Name	Daytime Telephone	Date of Birth
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REQUESTOR INFORMATION: Information is to be released to the following individual or party:

Name		Telephone	
Address		Fax Number	
City	State	Zip Code	Country

Date Range of Information to be Released: from _____

_____ to _____
 (month/year) (month/year)

Please check specific information to be released:

- | | |
|---|---|
| <input type="checkbox"/> Discharge Summary
<input type="checkbox"/> History & Physical
<input type="checkbox"/> Outpatient Medication Management Notes
<input type="checkbox"/> Outpatient Psychotherapy Notes | <input type="checkbox"/> Consultation Reports
<input type="checkbox"/> Lab Results
<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> Other (Please Specify): _____ |
|---|---|

The purpose or need for disclosure: _____

AUTHORIZATION: Permission is hereby granted to the Healthy Foundations Group, LLC to release mental health and medical information to the individual/organization as identified above. This authorization may be revoked at any time upon your request.

Patient Signature	Print Name	Date
Parent/Authorized Signature (if applicable)	Print Name/Relationship	Date