

Dr. Aryeh L. Herrera M.D., F.A.C.S.

324 East Antietam Street, Suite 306B

Hagerstown, Maryland 21740

Phone: (301) 739-7790

Fax: (301) 739-4093

(TTY Users call Maryland Relay 711)

FORM: Access of Protected Health Information (PHI)
Medical Release

Medical Release Form

I, _____
Patient Name

Address

City, State, Zip

Hereby authorize you to release to:

☐ All medical records pertinent to me.

☐ A specific portion as follows _____

Signature Date

Witness Date

For office use only _____

Patient Chart # _____

Date Received. _____ Date Sent. _____

Extension requested: _____ No _____ Yes. Reason _____

Staff Member Processing Request: _____