

Earl V. Wilkinson, M.D., FACS, LLC

Fellow of the American Academy of Otolaryngology Head and Neck Surgery
Ear, Nose, Throat & Sinus Disorders
Allergy & Licensed Acupuncture
5500 Knoll North Drive, Suite 310, Columbia, MD 21045

Authorization of Release of Protected Health Information (PHI)

Patient Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ SS# _____ ENT record # _____

I hereby authorize Earl V Wilkinson, MD, LLC medical practice: Department of Otolaryngology to release the following data:

To:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I understand that this authorization gives my permission to release any PHI that is contained in my Medical Record unless I specifically indicate "NO" next to one or more of the categories noted below:

- Substance Abuse Information
Psychiatric/Mental Information
HIV Information

- This authorization is voluntary and being made at the request of the individual.
The released PHI may no longer be protected by Federal Privacy Laws and may be re-disclosed by the individual or organization authorized to receive the PHI.
This authorization will automatically expire one year from the date signed.

On October 1, 1994 the law allowing physicians to charge specific sums for preparation and production of medical records went into effect. This law is codified in the Health-General Article §4-304(c)(3). The law also states that these fees may be adjusted annually for inflation using the Consumer Price Index on July 1 of each year. Effective October 1, 2009 the undersigned will be billed a preparation fee of no more than \$22.18, plus a fee of no more than \$0.73 per page copied, plus any applicable actual cost of shipping and handling. Physicians may demand payment of these fees and charges before turning the records over to a patient or other authorized person (such as the patient's parent, guardian or lawyer). Records should not be withheld from another health practitioner pending payment of the copying fees if to do so would hinder an ill patient from receiving needed medical attention. No fee may be charged to transfer the records of a Medicaid recipient to another provider. A physician may not charge a governmental agency that subpoenas medical records but may charge private parties.

Signed (Patient or Other Person Authorized to Act for Patient): _____ Date _____ Time _____

_____ Witnessed By:

Print Name:

Relationship to patient _____ Signed (Witness) _____ Date _____ Time _____

Address _____ Print Name: _____