



# Potomac Podiatry Group, PLLC

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## RECORDS RELEASE

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I \_\_\_\_\_ hereby authorize and request you to release my medical records to \_\_\_\_\_.

These records can be released to above person (check one):

Via E-Email at: \_\_\_\_\_

Via Postal Mail: *\*If sent via mail there is an additional fee for shipping records.*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following items and/or dates of service should be released: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed of Potomac Podiatry Group's records release protocol. I understand Potomac Podiatry Group, PLLC will not be responsible for any security breach of my personal information.

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PPG Staff Member: \_\_\_\_\_

**This Records Release expires 90 days after signed. Please allow up to 30 days to receive records.**

*Electronic Format Fees: \$15.00 Administration fee, plus \$0.37 per page for first 50 pages and \$0.18 per page thereafter*

*Paper Copy Fees: \$15.00 Administration fee, plus \$0.50 per page for first 50 pages and \$0.25 per page thereafter*