

Larry K. Grubb, M.D., PA
Executive Court
1738 Elton Road Suite 217
Silver Spring, MD 20903

Phone: (301) 434-2424

Fax: (301) 434-4751

Email: larry.grubb@DOCGRUBB.com Website: www.DOCGRUBB.com

Consent to Release of Information

I, _____, hereby authorize (name of provider/ organization to release information)

Address: _____

Phone number: (____) _____

to release medical records and information concerning (patients name)

for the period of (m/d/y) ___/___/___ to (m/d/y) ___/___/___

to the office for Dr. Grubb, M.D. located at Executive Court, 1738 Elton Road Suite 217, Silver Spring, MD 20903

This release is limited to the following types of information. (Please mark as appropriate)

- Medication treatment
- Medical evaluations/treatment
- Psychotherapy progress notes/treatment
- Patient assessment
- Treatment Plans
- Psychology Reports
- Consultation reports
- Discharge Reports/Summaries

This release is for the purpose of allowing for clinically appropriate management and coordination of the patient's mental health treatment.

I understand that my records may be protected under the Federal Confidentiality Regulations (42 CFR Part 2) and, if so, can not be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this authorization at any time.

Signature of patient/legal guardian:

_____ Date: _____

Relationship to patient: _____

Signature of witness: _____ Date: _____