



Phone 301-762-7723
Fax 833-989-2090
qualitycaremd.com

Authorization to Request Healthcare Information

Type into the boxes on your computer, or print and fill in by hand.

Patient Name DOB

I authorize the practice / physician below to release my healthcare information to Quality Primary Care

Associates:

Practice / Physician's Name

Phone Fax

Address

City State ZIP

This request and authorization applies to: Choose one (A, B, or C)

☐ A. All healthcare information

☐ B. Healthcare information relating to the following treatment, condition, or dates:

☐ C. Other:

Sensitive records These are left out unless you choose Yes. Please answer both.

I authorize the release of my STD and HIV/AIDS results, whether negative or positive. ☐ Yes ☐ No

I authorize the release of records regarding drug, alcohol, or mental health treatment. ☐ Yes ☐ No

Sexually Transmitted Diseases (STD) include, but are not limited to, herpes, herpes simplex, human papillomavirus (HPV), genital warts, condyloma, chlamydia, nonspecific urethritis, syphilis, lymphogranuloma venereum, gonorrhea, and HIV/AIDS.

Signature Date

If the patient is younger than 18, a parent or guardian must sign. This authorization expires one year after the date signed and may be revoked by the patient in writing at any time.

How to return this form

Email it to qpca@qualitycaremd.com, fax it to 833-989-2090, or bring it to any of our offices.

QUALITY PRIMARY CARE ASSOCIATES

Rockville: 50 West Edmonston Drive, Suite 404, Rockville, MD 20852
Gaithersburg: 818 West Diamond Avenue, Unit 130, Gaithersburg, MD 20878
Columbia / Elkridge: Chartwell Medical Center, 8186 Lark Brown Road, Suite 201, Elkridge, MD 21075