

COUPET

FAMILY MEDICINE

14201 Laurel Park Drive, Suite 106, Laurel, MD, 20707

Phone: 240.264.6595 | Fax: 202.989.0601

www.coupetfm.com

Authorization For Release of Health Information to Health Care Providers for the Purpose of Healthcare Treatment, Tests, or Consultation

Patient Name:	Date of Birth:
Patient Address:	Telephone:

Name and address of health provider or entity to release this information:

Dr. Dimitri Coupet
Coupet Family Medicine
14201 Laurel Park Drive, Suite 106
Laurel, MD
Phone: (240) 264-6595
Fax: (202) 989-0601

Name and address of health provider or entity to who this information with be sent:

Specific information to be released:

- ☐ Medical Record from _____ to _____
- ☐ Entire Medical Record, including patient histories, office notes, laboratory reports, radiology studies, referrals, consult reports
- ☐ Other: _____

If not the patient, name of person signing form:

Authority to sign on behalf of patient:

I understand that my personal health information may include information about acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) and sexually transmitted diseases or conditions, drug or alcohol treatment or use, mental health conditions or treatment, educational impairments and genetic or congenital conditions. I understand that under the current laws, no specific consent from me is needed when sending this health information to a treating or consulting health care provider.

Signature of patient or representative authorized by law

Date