

**MILLENNIUM FAMILY PRACTICE
9055 CHEVROLET DRIVE,
SUITE 100
ELLICOTT CITY, MD 21042
TEL: 410.313.9662 FAX: 410.313.9664**

Permission to Release/Obtain Medical Records

Please complete and print the below mentioned form before submitting it to your physician.

Millennium Family Practice has my permission to release / obtain medical, psychological, psychiatric, educational, and other records as well as treatment summaries concerning:

From / To: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Fax: _____

It is understood that this information is to be kept confidential and is to be used only to assist in the provision of services to the individual named above.

Name: _____ Signature: _____

Relationship to Named Person: _____ Date: _____

Witness: _____