

*Washington Internists Group, LLC*

1140 19<sup>th</sup> Street Northwest, Suite 805

Washington, D.C. 20036

Telephone (202) 728-9630 Fax (202) 222-0246 or (202) 296-0528

Karen Myers, M.D. Alice Fuisz, M.D.  
Robert Enelow, M.D. Jennifer Mills, M.D.

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

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

I, \_\_\_\_\_, give my permission for Dr. \_\_\_\_\_  
Print Patient Name Print Current Doctor Name

to release the last (3) years of medical record to:

Dr. \_\_\_\_\_  
Print New Doctor Name

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**I understand there is a \$40 fee for copying the last 3 years' worth of my medical record. This fee is payable in advance if the records are mailed or at the time the records are picked up from the Washington Internists Group, LLC. If the patient/physician requests more than 3 years' worth of medical records, there may be an additional administrative fee for the additional years.**

Patient Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_