



t. 443-708-5856

f. 667-212-5095

1501 Sulgrave Ave. Suite 200,

Baltimore, MD 21209

Authorization to Exchange Healthcare Information

Patient Name: _____ Patient Date of Birth: _____

I, _____, hereby request and authorize Gladstone Psychiatry and Wellness to exchange
(name of person signing release)

healthcare information of the above-named patient with the following person/organization:

Name: _____ Relationship to Patient _____
(name of person/organization)

Information about Person/Organization:

Name of Practice (if applicable): _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

This request and authorization applies to:

- Any and all healthcare information
- Specific healthcare information relating to the following treatment, condition, or dates: _____
- Other: _____

Gladstone Psychiatry Locations:

Baltimore (Mt. Washington/Sulgrave):

1501 Sulgrave Avenue, Suite 200,
Baltimore, MD 21209
Main Phone: 443-708-5856
Fax: 667-212-5095

Bethesda:

4416 East West Highway, Suite 310,
Bethesda, MD 20814
Main Phone: 443-708-5856
Fax: 240-396-6485

Frederick:

50 Carroll Creek Way, Suite 320,
Frederick, MD 21701
Main Phone: 443-708-5856
Fax: 443-291-2808

Columbia:

9841 Broken Land Parkway, Suite 211,
Columbia, MD 21046
Main Phone: 443-708-5856
Fax: 240-708-4153

Hunt Valley:

11350 McCormick Rd., Building III, Suite 600,
Hunt Valley, MD 21031
Main Phone: 443-708-5856
Fax: 443-353-5701

Dialectical Behavioral Therapy:

Various Locations
Phone: 443-267-4138 or 443-247-3621
Fax: 443-901-3699

By signing this form, you are authorizing the release of any pertinent healthcare information and records regarding drug, alcohol, or mental health treatment to the person/entity listed above. This release is valid for up to 180 days after discharge from Gladstone Psychiatry and Wellness.

Signature: _____

Date: _____