



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: _____

Office Locations:

Baltimore (Mt. Washington/Sulgrave):
1501 Sulgrave Avenue, Suite 200
Baltimore, MD 21029
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 21045
Main Phone: 443-708-5856
Fax: 240-708-4153

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

Specialty Programs:

Dialectical Behavioral Therapy:
Main Phone: 443-708-5856 ext 4
Fax: 443-901-3699

Transcranial Magnetic Stimulation:
Main Phone: 443-708-5856 ext 3
Fax: 410-762-4926

Ketamine Assisted Psychotherapy:
Main Phone: 443-708-5856 ext 6
Fax: 410-981-3230

Weight Management:
Main Phone: 443-708-5856 ext 5
Fax: 667-212-5095

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: _____