



124 N. Court St. , Frederick, MD 21701
3534 Urbana Pike, Suite C, Frederick MD 21704
5216 Chairmans Court, Unit 104, Frederick, MD 21703
301.304.7108

**Permission for
Release of Information**

Client Name: _____ **DOB:** _____

Client Name: _____ **DOB:** _____

On this _____ day of _____, _____, I/We _____
(name of client or guardian)

Hereby give Trauma Specialists of Maryland, permission to release the following type(s) of information regarding the above named client(s):

This information will be released to the following party:

For the purpose of: _____

I/We understand the permissions outlined in this release of information. In addition, this release of information expires on _____, one year from today, unless revoked in writing prior to this date.

Signed _____ Date _____

Signed _____ Date _____

Witnessed by: _____ Date _____
