



Medical Records Release Request For Copies

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Patient Legal Name: _____

Date of Birth: _____ Primary Contact Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize the release of my Protected Health Information as follows:

From:

Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

To:

Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Reason to release Protected Health Information: _____

This Authorization shall expire upon: Fulfillment of Request

Date: _____

Type of Access Requested:

Complete Chart Physicians Orders Imaging/Testing

History & Physical Billing Records Operative Reports

Progress Notes Other _____

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV results, or AIDS information. I understand that this authorization may be revoked by me at any time except to the extent that action has already been taken in reliance upon it. The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that there may be a fee involved with the fulfillment of this request. See the fee schedule below. I understand that the term Complete Chart for release of Protected Health Information means that only records generated by this facility will be released. I have read the above and authorize the disclosure of the Protected Health Information.

Signature of Patient/Parent/Legal Guardian: _____

Date: _____

Fee Schedule

Fees for duplication of Protected Health Information shall follow the Regulations of Patient Medical Reproduction Fees 6 C.C.R. 1011-1, Chapter 2, Part 5.2.3.4., which states the patient shall pay for the reasonable cost of obtaining a copy of his/her patient record at \$0.39 per page for pages 1-200 and \$0.12 per page for pages 201+, not to exceed a maximum fee of \$400.00. Actual postage or shipping costs and applicable sales tax, if any, may be charged. I also understand that if my Protected Health Information is being transferred to another health care facility, there will be no charge to me.