



MEDICAL RECORDS REQUEST FORM

Please complete the following information:

Patient Name: _____ DOB: _____

Address: _____ Phone: _____

I authorize the custodian of records, or other person/entity (specifically describe) to disclose/release the following information (check all applicable):

- ☐ ALL Records ☐ Operative Reports ☐ Imaging
☐ Other (describe specifically): _____
☐ Specific date range: _____ to _____

Please note:

- 1) If these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, or sexually transmitted disease, you are hereby authorizing disclosure of information. ☐ DO NOT DISCLOSE THIS INFORMATION
2) Records obtained from prior treating doctors will be included in these documents. ☐ DO NOT DISCLOSE THIS INFORMATION

Method of receiving records:

☐ Mail to: _____

☐ Fax to: _____
Fax #: _____
☐ Pick up: _____
(office location)

Reason for Disclosure:

☐ Personal ☐ Workers Comp ☐ Disability ☐ Attorney ☐ Transfer of Care ☐ Other: _____

I hereby request disclosure of the health information for the above-named patient. This request is only valid 12 months from the date of my signature. I understand that after the custodian of records discloses my health information it may no longer be protected by federal privacy laws. My refusal to sign will affect my ability to obtain records.

Signature of Individual

Date

Guardian or personal representative of patient

Date

NOTE: FEE FOR PRINTED MEDICAL RECORDS \$0.50 PER PAGE UP TO 50 PAGES AND \$0.25 A PAGE THEREAFTER FOR COPIES FROM PAPER PLUS A \$10.00 RETRIEVAL/PROCESSING FEE. ALL POSTAGE AND SHIPPING COSTS ARE INCLUDED.

Requests for access to health records in an electronic format must be made in writing, dated, and signed by the requestor, identify the nature of the information requested, include evidence of the requestor's authority to receive access, identify the person to whom information is to be disclosed, and specify the preferred format. Within 15 days of receiving a request for access, the entity must take one of the following actions: Furnish the copies of or allow access to the requested records in electronic format, if requested; If the information does not exist or cannot be found, inform the requestor; If the entity does not maintain a record of the information, inform the requestor and provide the name and address of the entity that does maintain the record, if known; or Deny the request.

FOR STAFF ONLY

Total page (s) count: _____
____ Pages at \$0.50 per page \$ _____
____ Pages at \$0.25 per page \$ _____
____ Processing Fee: \$ _____

Date received: _____
Processed by: _____
(full name)

Total amount Due: \$ _____

Payment Method: ☐ Credit Card ☐ Cash ☐ Check: (#) _____