Lehigh Valley Family Practice
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1401 Fairmont Street
Whitehall, PA 18052-6045

Authorization for Medical Records Release

I, _____ Date of Birth _____

My medical records be transferred. ____ My children's medical records are transferred.

_____ _____
Name of Child Date of Birth

_____ _____
Name of Child Date of Birth

My current address and phone number is:
Address: _____ Doctor's Name_____
_____ Address:_____
_____ _____

Why are you transferring out? _____

Signature _____ Witness:_____

ATTENTION PATIENT

Please be alerted that, if any of the following (3) boxes are checked, it is with the intention of making you aware that your record(s) contains "PROTECTED" information related to these categories. Therefore, your signature next to the identified category acknowledges your awareness of this fact. (This information has been disclosed to you from records whose confidentiality is protected by Federal Law [42 CFR Part 1] and PA State Statutes [Title 55 P.W. 5100.32 and 5100.34 (a) and (b) and DAACA, 71 P.S. 1690.108 (b) and (c)])

I further understand that there is specific documentation within my records which is protected under the

- _____ Confidential Alcohol & Drug Abuse Patient information, 42 CFR Part II
- _____ PA Mental Health Procedure Act
- _____ Confidentiality of HIV- Related Information Act, Law Act 148.

I also understand that my record my contain:
-Drug or Alcohol information, if drug/alcohol test were ordered of treatment provided by my physician.
-Psychiatric or psychological treatment was given by my physician
-HIV- related information, HIV-related tests were ordered by a physician.

Medical Records Request Guidelines

1. All requests must be made in writing as per HIPPA guidelines.
2. All medical records requests are handled in the order received.
3. We have legally, 30 days to complete the processing of your request.
4. *There is a charge for medical records: $1.33 for first 20 pages
   $0.99 for pages 21-60
   $0.33 for pages 61 and thereafter
   Plus shipping& handling charges as applicable
5. Before we can release your medical records, these charges have to be pre-paid.
6. There is additional charge to expedite records for express processing.
7. Once your payment is received we will ship your records within 15 days

Medical Records Reproduction Fee Schedule

The Pennsylvania Medical Society receives a significant number of inquires from physicians and their office staff concerning medical record copying fees. While physicians have not traditionally sought to make a profit on providing medical records, they have sought to recover their costs, particularly when a medical record is substantial.
A patient may request a copy of their record for his or her own use. It is important to note that the medical record for a patient is defined by state regulation as, all 'clinical information pertaining to the patient which has been accumulated by the physician, either by himself or through his agents." This includes diagnostic test results, x-rays, physician notes, and any records from prior testing or consulting physicians. The following charge list does not apply to X-ray or any other portion of a medical record which is susceptible to photo static reproduction.

The Department of Health and Human Services has stated that, under HIPAA, medical record copying fees for patients may not include costs associated with searching for retrieving the medical record. For a subpoena, attorney, or insurance company requests, you may charge the Act 26 fees, including the search and retrieval fee. To determine you cost for copying and mailing medical records for a *patient* request under HIPAA, you should consider the following:

- Salary and benefits of the person who does the copying. Include all steps of the process, i.e., verifying validity of authorization, pulling the chart, reviewing the record, removing the records, copying, preparations for mailing, re-assembling the chart, and re-filing the chart.
- Costs of supplies, i.e., paper, toner, envelopes, etc.
- Cost of equipment, i.e., prorated lease or depreciation expense.

	Act 26 (2009)	HIPAA	Charge to Patient
Retrieval Fee	$19.60	$0.00	$0.00
Pages 1-20	$1.33/page	Cost of copying & mailing	Cost of copying & mailing
Pages 21-60	$0.99/page	Cost of copying & mailing	Cost of copying & mailing
Pages 61+	$0.33/page	Cost of copying & mailing	Cost of copying & mailing

In addition to the amounts listed, charges may also be assessed for the actual cost of postage, shipping, and delivery of the requested records. **Neither Act 26 nor HIPPA mandates that charges be assessed for copied of medical records. It merely sets maximum fees that can be charged.**