

PENINSULA KIDNEY ASSOCIATES
REQUEST FOR MEDICAL RECORDS RELEASE

PATIENT NAME: _____

DATE OF BIRTH: _____ SS#: _____

RECORDS RELEASED TO: _____

ADDRESS: _____

PHONE: _____ FAX: _____

RECORDS RELEASED FROM: _____

ADDRESS: _____

PHONE: _____ FAX: _____

RECORDS REQUESTED (Please be specific) _____

I understand that I have the right to access my medical records for myself or a third party of my choice, in accordance with the law and the policies of the medical practice. I understand that the medical practice may charge me for copies of my medical records, and I have been provided a fee schedule.

I understand that the medical practice has the right to deny access to my records in certain circumstances in accordance with the law. If the medical practice denies access to my medical information, I understand it will provide me with the reasons for the denial in writing and describe whether I have the right to have a review of the denial performed by a licensed health care professional.

Please note that information disclosed pursuant to this request is no longer under the control of the medical practice and may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Medical Record Request Fees and Charges

Effective January 1, 2010, charges will be assessed for a copy of the Patient's Medical Record.

- There is no charge for releasing copies of health information directly to other healthcare providers.
- Patients will be charged a fee for copies of their health information.
- To reduce the cost, patients should consider requesting specific information rather than a complete record.
- The fee for patients to access copies of their health information is the current cost of postage plus the following charges:

Number of Copies	Medical Records
Pages 1 - 50	\$0.50 per page
Pages 51 +	\$0.25 per page
Processing fee	\$10 per request

Copies are processed within 15 days of the request.

SIGNATURE OF PATIENT: _____ . DATE: _____ .
(Or Patient's Legal Representative)

PRACTICE EMPLOYEE SIGNATURE: _____ . DATE: _____ .