

# Medical Records Requests

## Procedure and Cost

If you would like a copy of your medical records, please provide us with the following information:

Name: \_\_\_\_\_

Provider: \_\_\_\_\_

Which records:  All  Latest Note  Initial Evaluation

Here are the options available

1. Fax records to another physician's office – Free

The name of the office/practice: \_\_\_\_\_

The physician's full name: \_\_\_\_\_

The office phone number: \_\_\_\_\_

The office fax number: \_\_\_\_\_

2. Print copy: Mail or Pick Up –

\$1.00 per page

**PAYMENT:** If you have payment information saved in our computer or Square system, we can charge the cost of your copies to the payment method on file. Otherwise, please bring cash, check or credit card for us to process at the time of pick up.

If you require an estimate of the cost of your medical records, please respond to this email with the names of the people you will need records for. Debbie will let you know the cost.

3. Email: Free: Please understand that email is not secure, but if this is your preferred method, we are happy to accommodate.

Email address to send records: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_