

PARKVIEW MEDICAL RECORDS COPYING POLICY PATIENT INFORMATION

We have contracted with Healthport (aka Copier Group Medical) to meet the needs of our patients' medical records copying requests. Few requests are still serviced through our office (such as requests for vaccination records and urgent requests for specialists providing urgent shared care). To make sure that your request is processed without delay, please note the following:

1. Healthport comes to our office to process your records on Tuesdays and Fridays. Your chart does NOT leave our office. Your records are scanned into their computer system and processed electronically via a secure system. Once your records have been sent, they are purged from the vendor's system.
2. **You will be billed for this service by Healthport.** Once your records have been scanned for processing, Healthport will send you a bill for their services. Your records will be mailed as soon as payment is received.
 - \$0.76 per page
 - Shipping and handling charges apply as appropriate.
 - Processing fee of \$22.88 apply as appropriate.
 - ***Total fee for this service can become quite costly if you have a large amount of records. Unless you have a very complicated medical history, most physicians will NOT need all of your records. We encourage patients to be aware of these facts and request the last two to five years of records only unless you feel your next physician will need more than that. You can always request more records at a later date if they are needed.***
3. **Records will be MAILED ONLY.** You must make sure that you include the name and address of the person and/or facility where the records are to be sent. Healthport will NOT fax your records, and they will NOT leave your records for pick-up at our office.
4. It is recommended that you allow approximately 10-12 business days for processing of your requests.
5. For questions regarding the processing of your records, you may contact Healthport at 800-464-0035 or 800-367-1500 Monday through Friday, 8 a.m. to 6 p.m.

To avoid delays, we MUST have the following information to process your request. Your records will NOT be processed without this information. (Complete the Records Release Form.)

1. **Name and address of person/facility where you wish your records to be sent.** Again, records will NOT be faxed or left for you to pick up.
2. **Patient's current address and phone number.**
3. **Signature of person authorized to release records.** If you are requesting the records for another person, you must be parent/legal guardian of a minor or (for adults) you must provide a copy of a Power of Attorney indicating that you have the right to act on the patient's behalf.
4. **Specifically what you want copied/sent.** For those patients who have a large quantity of records, you may want to limit your request to no more than three or five years of records to save you money. Depending upon your history, the last three to five years is typically sufficient for another provider to continue your care.
5. **Reason for request.** (Insurance, legal needs, personal copy, to see a specialist or get a second opinion, or to transfer care to a different primary care physician due to move, change in insurance or personal preference, etc.).



FEE FOR COPYING PATIENT RECORDS

We have contracted with **HealthPort** to process your request for medical records

The charge for this service is:

\$0.76 PER PAGE

You will be pre-billed for the records. As soon as the invoice is paid your records will be mailed.

Fee for Copying Medical Records

(Records going to another Physicians office due to a transfer or to your home address)

HP does not bill if records are needed for a continuing care purpose. An example of this: Records needed for a referred specialist OR to a sister facility.

All fees are based on HIPAA guide lines.

Customer Service please call

1-800-367-1500

Please allow 10 to 14 business days

for records to be received by the requestor.

You will receive an invoice from HealthPort for services rendered.

PARKVIEW MEDICAL GROUP

1564 Opossumtown Pike

Frederick, MD 21702

Authorization to Release Medical Information

Print Patient's Full Name

Patient's Birth Date (Mo/Day/Year)

Street Address

Social Security Number

City, State, Zip

Phone (Home)

Parent/Guardian if patient <18 years of age

Chart #

At the request of the individual, I _____, do hereby authorize Parkview Medical Group to release:
(Patient's Name)

Discharge Summary

Pathology Reports

Emergency Report

History & Physical

Laboratory Reports

ALL RECORDS

Operative/Procedure Notes

Radiology Reports

Immunization Records

Office Visits/Progress Notes

Nurses Notes

Growth Records (pediatric)

OTHER (Specify):

Dates: From _____ to _____

I do do **NOT** authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, & treatment for alcohol and/or drug abuse.

RELEASE INFORMATION TO:

Name of Company/Agency/Facility/Person

Street Address

City, State & Zip

PURPOSE FOR DISCLOSURE:

Referral to Specialist

Insurance

Worker's Comp

Leaving Practice

Legal Investigation

Disability Determination

Personal Copy

Relocation

Other:

Please provide current telephone number in the event we need to contact you:

I hereby authorize disclosure of the health information for the above-named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class or persons or facility receiving it, and would then no longer be protected by federal regulations.

**Signature of Individual or Guardian or
Personal Representative of Patient's Estate (POA must be attached)**

Date

NOTE: There WILL be a charge for copying transfer of your records (\$0.76/page and a processing fee of \$22.88). We have contracted with HealthPort to perform most of our copying services. If they copy your records, they will invoice you directly according to applicable rates by Maryland State Law and mail your records. They will NOT tax records. Records requested by anyone other than patient or parent/guardian requires a Power of Attorney. Pre-payment is required prior to release of records.

MEDICAL INFORMATION RELEASED BY HEALTHPORT

ENTIRE _____ LAB/PATH _____ H&P _____
IMMUNE _____ GROWTH _____ OV _____
NURSE _____ X-RAY _____ ER _____
OP _____ DS _____

ROI SPECIALIST _____

DATE: _____

Date Rec'd / Staff Initials _____