

HIPAA Authorization Form for Release of Medical Record Information

In the State of Pennsylvania, the physician who creates the patient's medical records is the owner of those records. Current Pennsylvania Law states that a PHOTOCOPY of the medical record may be released to the patient or the patient's representative upon proper request within a reasonable period of time. "Proper Request" means a request in writing, and the form below may be used for that purpose. Please note that the law allows the physician a "Reasonable Period of Time" to comply with your request. It also permits the office to charge a Reasonable Fee for preparing the copy.

Patient Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone _____ (Parent's work or cell phone _____)

I hereby authorize **Lancaster Pediatric Associates, LTD.** to use or disclose the protected health information for the above named patient as described below.

The following person, physician, group or entity may receive disclosure of protected health information for the above named patient:

Name and complete address _____

Dates of Service _____ Most recent two (2) years
_____ Specific dates of service _____

Unless you sign here, NO information about alcohol/substance abuse, HIV/AIDS or mental health issues, including ADD and ADHD, will be disclosed. ***One signature required here***(ANY PATIENT AGE 14 AND OVER MUST PROVIDE THE SIGNATURE HERE)

YES, disclose this information _____
NO, do NOT disclose this information _____

I understand that the information used or disclosed may be subject to re-disclosure by the person or facility receiving it and then would no longer be protected by federal privacy regulations.

I may revoke this authorization by notifying **Lancaster Pediatric Associates, LTD.** in writing of my desire to revoke. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of the above named patient on whether or not I sign the authorization.

My purpose for/intended use of this information is _____

This authorization will expire in one (1) year after the date on this request.

FEES FOR COPIES: FEDERAL AND STATE LAW PERMITS A FEE TO BE CHARGED FOR THE COPYING OF PATIENT RECORDS. LANCASTER PEDIATRIC ASSOCIATES, LTD. HAS CONTRACTED WITH *HEALTH PORT* TO MAKE COPIES. *HEALTH PORT* WILL SEND AN INVOICE WHICH CAN BE PAID BY CHECK OR PAID ONLINE AT WWW.HEALTHPORTPAY.COM. IF YOU HAVE ANY FURTHER QUESTIONS, YOU MAY CONTACT *HEALTH PORT* AT (800) 464-0035. (FEE SCHEDULE ON REVERSE SIDE.)

Signature of patient if 18 years of age or older _____ Date _____ SSN or Date of Birth _____

Signature of parent or guardian for minor child _____ Date _____ Relationship or authority _____

Is there a custody issue with this child? Yes _____ No _____ Initial _____

What is your current insurance: _____

One signature required here

This form must be fully completed before signing and requires signature in two (2) places.

HIPAA Authorization Form for Release of Medical Record Information

PA DEPT OF HEALTH ANNOUNCED 2007 INCREASE FORM MEDICAL RECORDS REPRODUCTION

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 treating or consulting physicians. The following charge list does not apply to an X-ray or any other portion of a medical record which is not susceptible to photostatic 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 and 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 your 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, preparation for mailing, re-assembling the chart, and re-filing the chart.
- Cost of supplies, i.e., paper, toner, envelopes, etc.
- Cost of equipment, i.e., prorated lease or depreciation expense.

	Act 26 (2010)	HIPAA	Charge to Patient
Retrieval Fee (see HIPAA note above)	\$19.68	\$0	\$0
Pages 1-20	\$1.32/page	Cost of copying & mailing	Cost up to \$1.32/page
Pages 21-61	\$0.98/page	Cost of copying & mailing	Cost up to \$0.98/page
Pages 61+	\$0.33/page	Cost of copying & mailing	Cost up to \$0.33/page

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 HIPAA mandates that charges be assessed for copies of medical records. It merely sets the maximum fees that can be charged.**

If a district attorney requests a medical record for an action or proceeding, a flat fee of \$18.54 may be charged. No independent or executive agency of the Commonwealth is required to pay any costs associated to medical charts or records unless required by law. At this time, Workers' Compensation (utilization review) and Auto (peer review) pay \$0.12 per page, plus actual mailing costs (scope of release is limited to the treatment of the work related or auto injury). Attorney requests for Workers' Compensation and Auto treatment records are *not* subject to the \$0.12 limitation. If the medical record is requested for the purpose of supporting a claim or appeal under the Social Security Act, a flat fee of \$23.49 plus postage may be charged (the attorney should be able to supply a copy of the *Appointment of Representative* from the Social Security Administration). **Note:** Some health insurance contracts may require the physician to forward patient records to another physician within a network at no charge. Source:

<http://www.pabulletin.com/secure/data/vol36/36-48/2359.html>