

DISCLOSURE OF MEDICAL RECORDS

Patient's Name: _____ Date of Birth: _____

Reason for Records Request: _____

These procedures are followed for the **disclosure of all medical records** from AllCare Internal Medicine.

- All records will take at least two (2) weeks to be completed.
- Medical records will not be completed at the time of request, unless special arrangements are made with the Manager (Monday-Friday 8:00am to 5:00pm).
- Release of information regarding a patient with a Medical Power of Attorney (P.O.A), Guardianship or Legal Representation must have proof of those legal forms.
- If records are transferred from our office to another doctor, no charges will be charged at the time of records release.
- If records are being transferred from our office to a patient, charges will be applied as listed below:
 - a.) The base charge of \$10.00 will be assessed for less than 10 pages of medical records.
 - b.) If greater than 10 pages, 0.25 cents per page plus the base charge will be assessed.
 - c.) Records can NOT be faxed or mailed to a patient under any circumstances.
- Charges need to be paid in full at the time of completion to receive all records.

Records copied by:

Name: _____ Date: _____

Records review by Practitioner:

Name: _____ Date: _____

Executive Director/Medical Director Review:

Name: _____ Date: _____

Patient Signature _____ Date: _____