

Fee for Medical Record Copies: Under Ohio Law the set limits on the amounts that all health-care providers may charge for copies of medical records. If requesting a copy of your paper chart and electronic medical records follow schedule below with max amount not to exceed \$40 per child. If requesting a copy only of your electronic medical records amount is \$25 per child. Payment is DUE BEFORE RECORDS WILL BE RELEASED.

\$1.00 per page for the first 10 pages
\$.50 per page for pages 11 - 50
\$.20 per page for pages 51 and higher

(Print) Patient's Name

(Print) Patient's Address

Patient's Birth date

Patient's Home Phone Number

The undersigned hereby authorizes Anderson Hills Pediatrics, Inc. to release the following portions of the medical records of the above named patient. Check the one that applies to the patient:

Immunization records, growth charts, copy of last physical exam, pertinent laboratory, X-ray; test results, and other necessary information. (THIS DOES NOT INCLUDE RECORDS RECEIVED FROM OTHER PHYSICIANS. PLEASE CONTACT OTHER MEDICAL PROVIDERS TO HAVE THOSE RECORDS FORWARDED.)

Entire medical record for the period to (THIS DOES NOT INCLUDE RECORDS RECEIVED FROM OTHER PHYSICIANS. PLEASE CONTACT OTHER MEDICAL PROVIDERS TO HAVE THOSE RECORDS FORWARDED.)

The medical record is needed for the following purpose:

Research

Attorney

Personal

Mail to Address or Home Address

Pick up medical records at Anderson Office or Amelia Office

I understand that by signing this form I am only requesting medical information be released to whom I deem necessary for the purpose of my child(s) well being. This in no way means that I am transferring my child(s) medical records out of Anderson Hills Pediatrics, Inc.

Signature

Relationship to Patient

Date

Completed by

Total Fee Paid:

Paid by: Visa M/C Discover Cash Money Order Check #

Reference #