DATE:

TO:

**AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION UNDER THE HITECH ACT**

**ELECTRONIC MEDICAL RECORDS REQUEST**

Patient:

Patient Address:

Date of Birth:

Social Security Number (last 4 digits):

Date(s) of Service:

Dear Sir or Madam:

I am a patient who received care and treatment at your facility. Please provide me with:

1. **a full and complete copy of my medical records** for the dates of service referenced above (including all hospital records, physician notes and records, radiology films, MRIs or CT scans, and any other outside medical records); and

2. **billing records**

within 30 days as required by federal law.[[1]](#footnote-1)

**I specifically request that you certify the records and provide them in electronic PDF format via email (*preferred method*) or on a USB drive, CD or DVD**.[[2]](#footnote-2) Please send my records to me at.[[3]](#footnote-3)

**I will pay the HITECH ACT electronic medical record fee rates for these records under federal law and I pre-authorize any amount below $30.00.** As you know, theHITECH ACT under HIPAA limits the cost of obtaining the records to the actual labor costs for reproducing them in the requested electronic format, the actual cost of the portable media (CD or DVD), and postage.[[4]](#footnote-4) I will pay a certification charge pursuant to Georgia law, but not a “retrieval fee” or “basic fee” because that is specifically exempted by the Department.[[5]](#footnote-5)

Please note that a third-party HIPAA authorization is not required to release my records in this manner. The purpose of this request is for a personal copy of my protected health information.

If the health information that I have requested from you to disclose contains any privileged psychiatric or psychological information related to the treatment of physical and/or mental illness, chemical dependency or alcohol abuse, or testing or treatment of any communicable or infectious disease such as acquired immunodeficiency syndrome (AIDS), Immunodeficiency Syndrome Related Complex (ARC), human immunodeficiency virus (HIV), venereal disease, tuberculosis, or hepatitis, I hereby waive any privilege concerning such information for the purpose(s) of releasing it to me.

Thanks,

PATIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 45 CFR 164.524(b)(2)(i) [↑](#footnote-ref-1)
2. 45 CFR §164.524(c)(2)(ii) and Fed. Reg. Vol. 78 (12) Jan. 25, 2013, page 5636 [↑](#footnote-ref-2)
3. 42 USC § 17935(e)(1) and 45 CFR 164.524(c)(3)(ii) [↑](#footnote-ref-3)
4. 42 USC § 17935(e)(2) and 45 CFR § 164.524(c)(4) [↑](#footnote-ref-4)
5. Fed. Reg. Vol. 78 (12) Jan. 25, 2013, page 5636 [↑](#footnote-ref-5)