



**Copies of Medical Records Financial Policy**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

You are entitled to request and receive copies of your medical records. The fee for printing and copying records is \$1.00/page up to a maximum of \$100. There is a minimum charge of \$10, even if the record is less than 10 pages.

If reproductions of certain records are required that cannot be printed or copied in our copy machine then the fee will be our actual cost of reproduction plus an administrative fee of the lesser of \$10 or 10% of the cost of reproduction.

Copies of your medical records will be provided within 30 days of the request, which must be made on the appropriate request form.

**The patient is ultimately responsible for all fees.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read, understood, and agreed to the above financial policy on medical records.