

Women's Health Center of Lebanon, Ltd.

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

I, _____, HEREBY AUTHORIZE THE RELEASE OF MY HEALTH INFORMATION AS LISTED BELOW.

Patient's name: _____ **Maiden name:** _____ **Date of Birth:** _____

Address: _____

Telephone: _____

Send to: _____ Obtain from: _____

Dates of Service: All Specific Dates of Service: _____

Description of information: Entire Record Other _____

Special Records: Include the following medical records if such information is included in your records. Checking the boxes is not a representation that such information exists. (See waiver in paragraph 5 below).

Include Drug and Alcohol Treatment Records (protected by the Pennsylvania Drug & Alcohol Abuse Control Act, 71 P.S. § 1690.108)

Include Mental Health Records (protected by the Mental Health Procedures Act, 50 P.S. § 7111)

Include AIDS/HIV - Related Records (protected by Confidentiality of HIV-Related Information Act, 35 P.S. § 7607)

Include Sexual Abuse/Assault and Domestic Violence Counseling Records (protected by 42 Pa.C.S.A. § 5945.1 and 23 Pa.C.S.A. § 6116, respectively)

Purpose of Use/Disclosure of Records: (check one)

Family doctor

Insurance

Legal

Personal use

Patient moving

Patient transferring care

Other: _____

Purpose of Release of Information

1. I understand that I may revoke this authorization at any time by notifying my provider or by notifying the provider or entity that is authorized to receive these records. I understand that revocation will not have any affect on actions taken prior to any revocation.
2. This authorization is voluntary.
3. I understand that if the organization authorized to receive the information is not a health plan or a health care provider, the information may no longer be protected by federal privacy regulations. I also understand that this information may be rereleased and no longer protected.
4. By signing below, I certify that I understand the nature of this Release.
5. If mental health records are being released as permitted by the Mental Health Procedures Act, I understand that I have a right, subject to 55 Pa. Code § 5100.33, to inspect the material to be released.
6. If AIDS or HIV-related information is being released, this information has been disclosed to you from records protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.
7. By signing below, I authorize the release of the medical information requested and specifically waive the confidentiality protection afforded by Pennsylvania statutory law for the Special Records indicated above.

This waiver is applicable only to this request and is not meant to be a general waiver.

Signature of Patient or Patient's Representative/Guardian Date

Printed Name of Patient's Representative: _____ Relationship to the Patient _____

Witness: _____

This authorization will expire one (1) year after the date of this request, unless otherwise specified.



Restrictions on Medical Records Copying Charges for 2019

Physicians generally may charge for providing copies of patient medical records. However, the Pennsylvania Judicial Code and federal law limit the allowable charge and in some cases prohibit any charge. The lesser of the Judicial Code and federal limits applies when both are applicable. Health care providers are not required to charge for providing copies. Physicians often waive any charge that otherwise would be allowed, especially when providing a copy to the patient or another physician or health care provider for treatment purposes.

The following charts show the maximum charges allowed by the Judicial Code for 2019. The Judicial Code limits do not apply to X-ray film or any other portion of a medical record that cannot be reproduced photostatically. Unless otherwise noted in the chart, for paper copies provided to a patient or the patient's personal representative HIPAA only permits a reasonable cost-based fee for copying and postage. For electronic protected health information (PHI), upon request of a patient, federal law requires health care providers to provide an electronic copy to the patient and to transmit an electronic copy to a third party. The fee may not exceed the labor cost to copy and transmit the record. In lieu of calculating labor costs, a flat rate not to exceed \$6.50 per request may be charged for electronic PHI.

**The chart does not address patient confidentiality considerations, including whether a HIPAA patient authorization is required.*

General Rules				
Source of request	Copying (per page)		Retrieval	Postage, shipping, and delivery
Patient	Paper		Prohibited by HIPAA privacy rule	Actual cost
	Pages 1-20	\$1.55		
	Pages 21-60	\$1.15		
	Pages 61+	\$0.39		
	Microfilm	\$2.29		
Personal representative, such as parent of minor	Same as limits for patients		Prohibited by HIPAA privacy rule	Actual cost
Designee of patient, such as attorney with authorization	Same as limits for patients		\$23.04	Actual cost

Special Purpose Requests			
To support	Copying	Retrieval	Postage, shipping, and delivery
Social Security claim or appeal	\$29.19 flat fee	No additional charge permitted	Actual cost
Federal or state needs-based benefit program	\$29.19 flat fee	No additional charge permitted	Actual cost
The physician may require the requester to provide documentation of the purpose of the request, such as an appointment of representative form (SSA-1696-U4) when the patient's attorney makes the request for a Social Security claim or appeal.			

Third party requests			
Source of request	Copying	Retrieval	Postage, shipping, and delivery
Subpoena (except as below)	Same as limits for patients	\$23.04	Actual cost
Subpoena from district attorney	\$23.04	No additional charge permitted	Actual cost
Commonwealth agency (executive or independent), such as licensing board	Not permitted as general rule Allowed only if required by law or authorized by agency guidelines, statements of policy, or notice in Pennsylvania Bulletin		

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