



Attention Patients:

Please read the following before signing the attached release form.

Fax # (706) 494-3329

The Hughston Clinic is contracted with Discovery support services to copy our medical records. Please note charges will reflect a per page fee for the copying of medical records and you will receive a bill in the mail with the records.

The fees are as follows: \$.93 per page for pages 1-20
\$.80 per page for pages 21-100
\$.63 per page for pages 101 and up

Postage \$ _____ Actual Cost \$ _____

Please make sure that you are very specific when filling out the request for medical records and please make sure to state exactly what medical records your needing.

If you are requesting copies of x-rays there is a separate charge for this.

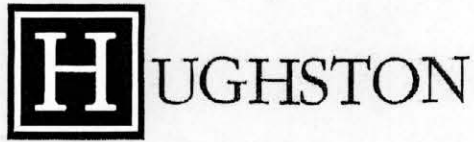
For questions about your bill for the records or to check the status of a medical records request please call Discovery Support services at 1-877-567-9535.

Thank you for taking the time to read this important message in reference to the medical records that you are requesting.

Please sign and date this form so that the medical records department acknowledges that you (the patient) have read and understand the above information.

Signature of patient or authorized agent

Date



PATIENT REQUEST TO INSPECT AND COPY PROTECTED HEALTH INFORMATION

Patient Name: _____

Chart Number: _____

Address: _____

Date of Birth: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

I hereby request a copy of my medical record or other recorded Protected Health Information (PHI) as designated below:

Mail a copy of the records requested to me at the above address or as designated below:

I agree to pay the cost of copy of \$ _____ per page for documents and \$ _____ per x-ray and the cost of mailing the aforementioned records. I agree to pay the total estimated costs for these services prior to mailing. I also agree to pay \$ _____ for certifying copies.

The total cost is estimated to be \$ _____.

Signature of Patient or Legal Representative

Date

Fax Back to (706) 494-3329