



Medical Record Request Form

Patient Name: _____ Date: Requested: _____
DOB: _____ Address _____
Phone Number: _____

Please specify if you'd like your records mailed _____ or faxed _____

*Note if you are requesting a fax the records must be less than 20 pages.

Send Medical Records To:

- Doctor/Facility Name: _____
- Address: _____
- City, State Zip Code: _____
- Phone Number: _____
- Fax Number: _____

Records Requesting: ALL _____ Specific Date of Service _____ Other: _____

Fee: We follow the ISMS (Illinois State Medical Society) guidelines.

MEDICAL RECORD FEES UNDER HIPAA AND ILLINOIS LAW

JANUARY 2014 UPDATE

Under Illinois law the amount a physician can charge for copies of medical records is limited. This maximum amount includes a handling fee plus a per page charge and postage.

Federal law in this area supersedes state statute. That means when physicians provide records directly to the patient or his or her personal representative for medical care, the HIPAA restrictions apply. However, when providing records to attorneys, health plans or other entities beyond the patient, the Illinois schedule (including the separate handling fee) can be charged.

State and Federal Law

Under Illinois law (Public Act 92-228), the amount a physician or other health care provider may charge for copying medical records is limited. Copies must be provided electronically, if available. The maximum amounts a physician can charge for copying medical records is as follows:

Medical Record Fees
Formula for calculating medical record fees: \$26.38 handling fee
(For persons other than patients)
PLUS \$0.99 each for pages 1-25,
\$0.66 each for pages 26-50,
\$0.33 each for pages 51 to end;
PLUS actual postage.

I agree with the charges as outlined and will provide payment prior to the release of my medical records: Patient

Signature: _____