

# Fremont Rheumatology (Barry Shibuya M.D. & Christine Elias M.D.)

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## REQUEST BY PATIENT FOR ACCESS TO THEIR PROTECTED HEALTH INFORMATION (PHI)

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

PATIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

\*I would like to:

- obtain a PAPER copy of my PHI
- obtain an ELECTRONIC copy (CD/DVD/FlashDrive) of my PHI. I bring my own electronic media [ Yes / No ]

\*The specific information I would like to access or receive a copy of is as follows:

- Entire Record OR  Visit Notes (Consultations History & Physical Exams Progress Notes)
- Consultation Report  Lab & Imaging Report  Billing Statements
- Other \_\_\_\_\_

\*  I want to access my PHI that covers the following time period: \_\_\_\_\_

\*  Please notify me when the information is ready to be picked up at \_\_\_\_\_

\*  Please send the copies of my record to me  at the above address OR  the following address:

Your records will be ready for pick up in 3-5 business days (weekends & holiday excluded) of your request, and full payment is due at time of request. **If you need copies of your records sooner than 3 business days, there will be an additional \$25 rush fee charge.** I agree to be responsible for the cost of copying these records, including copying fees, clerical, supplies, and postage (if applicable); and I agree to pay BEFORE the service being rendered.

\_\_\_\_\_  
Patient Signature / Representative (and NAME)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to patient (if representative):

### Charges For Copies of Medical Records

Due to increasing costs, our office charges patients for coping of their medical records based upon the following rates:

# of pages Xeroxed/printed	Clerical & Retrieval Costs	Postage & Media Costs	Total \$ Due @ Time of Request	Payment Record & Record Picked up/Mailed Out
1 - 4 = \$1.00	\$6.00 per 15 minutes or fraction of  X _____ mins	Postage (certified mail) \$ _____ <u>Media Cost:</u> Patient provide own Flash Drive [ ] Yes [ ] No CD (up to 700MB) \$5 DVD (4.5GB) \$8 FlashDrive(8GB) \$10	Rush fee?  \$ _____	Payment Record: Cash / Check / Credit Card Amount: _____ Paid on Date: _____ Collected by _____  Record picked up: Date: _____ By: _____ Record mailed out: Date: _____ By: _____
5 - 8 = \$2.00				
9 - 12 = \$3.00				
13 - 16 = \$4.00				
17 - 20 = \$5.00				
20 - 24 = \$6.00				
25 - 28 = \$7.00				
_____ @ <b>\$ 0.25/page</b>			Total Cost: \$	Estimate Done by: _____
\$	\$	\$		

\*Form Last Updated 01/19/2015 - Reference: [http://www.mbc.ca.gov/Consumers/Complaints/Complaints\\_FAQ/Medical\\_Records\\_FAQ.aspx](http://www.mbc.ca.gov/Consumers/Complaints/Complaints_FAQ/Medical_Records_FAQ.aspx)