

## **Patient Medical Record Copy Fee Notice 2018**

Dear Patient,

Your physician has contracted Midwest ROI, Inc. to process valid requests for copies of medical records. You must complete a **Release of Information Form** when requesting your medical records (**See page 2**). Requests for copies of medical records are subject to reproduction fees in accordance with federal/state regulations. You are hereby notified in advance of said fees and by submitting this request you are accepting these fees and authorizing the provider/Midwest ROI to process your request for records. An invoice will be sent to you once your request has been processed.

HITECH/Patient Access Requests - If a <u>patient</u> is requesting their own records for <u>personal reasons</u> (any request initiated by the <u>patient</u> or their <u>personal representative</u>), the patient will be charged. The fees are as follows:

1 - Paper Delivery	2 - Electronic Delivery	3. Images on CD
Fees may include:  •\$0.33/page average cost for labor  •\$0.15/page average cost for supplies  • Minimum \$6.50 Flat fee for 11 pages or less  • Plus postage if applicable.	Fees may include:  •\$0.33/page average cost for labor required to scan paper or converting records to electronic file  •\$0.13/page average labor to prepare for electronic delivery  •\$10 for imaging  •\$1.50 per CD if applicable.  •\$6.50 minimum Flat fee 14 pages or less  • Plus postage if applicable.	Fees may include: • \$10 per CD • Plus postage

The above fees are for patient access requests only and all other requests will be subject to the state regulated fee schedule. Your completed request form should be given to your provider or faxed directly to Midwest ROI for processing.

## <u>Fax Completed Request Form To: (312) 243-9829</u> <u>Email To: customerservice@midwestroi.com</u>

While Midwest ROI is under contract with this facility to provide release of information services we are also committed to providing you with your requested medical records in an efficient and highly secure manner and want to make sure you understand the process in which your records are provided and the costs associated with obtaining them.

Our standard processing time to respond to your request is 7-10 business days. Please don't hesitate to contact us at (312) 243-9828 if you have any questions about the service Midwest ROI provides on behalf of the provider or the bill you may receive as a result of your request for medical records.

Thank You,			
Midwest ROI			

Fees should be remitted to Midwest ROI as directed on the invoice you receive. Checks should be made payable to Midwest ROI. You can also make a payment with a credit cards online at <a href="http://www.midwestroi.com/online-payments">http://www.midwestroi.com/online-payments</a> or by calling Midwest ROI at (312) 243-9828.









Phone: 312-243-9828 Fax: 312-243-9829



## **Authorization to Request Release of Health Information**

Patient Information:	Reason for Request:  □ Personal Copy □ Continuity of Care □ Legal/Insurance □ Other (please specify)		
Name:			
Date of Birth:			
Address:	Send Records By:		
City: State: Zip:	-		
Phone:	□Mail □Fax □CD □Other:		
Records to be Provided from: (Enter Your Doctors/Office information)	Send Records To:		
Facility/Provider:	Person/Facility/Agency:		
Address:	Address: State: Zip:		
City: State: Zip:	City:State:Zip:		
Phone:	Phone:		
Fax:	Fax:		
	Email:		
<u>Information to be Disclosed:</u> Dates of Ser	vice requested: To		
☐ Complete Record ☐ Abstract/ Summary ☐ ER Records ☐ Immuni	zation Record □ Itemized Billing Records		
☐ Office Notes ☐ Laboratory Report(s) ☐ Prenatal Records ☐ Physic	cal Therapy ☐ Images CD (Xray, MRI, CT) ☐ Imaging/Radiology Reports		
☐ Test Result (s) of:			
□ Other:			
checking the boxes next to these items I understand that the following info  Alcohol or Substance Abuse Records  HIV and/or STD Testing an			
fees. By submitting this request I am accepting all associated fees and authorized will be sent to me once the request has been processed.  I understand that communications via email over the internet are not secure email can be intercepted and read by other parties besides the person to who will not be held liable if I choose to have my records sent by email.  I have the right to revoke this authorization at any time. Revocation must be Management Department at the facility at which this request is received. Revoto this authorization.  I have a right to inspect and copy the health information disclosed as a result Unless otherwise revoked, this authorization will expire on the following date expiration date/event/condition, this authorization will expire one year from to Treatment, payment, enrollment, or eligibility for benefits may not be condition.	e. Although it is unlikely, there is a possibility that information included in an m it is addressed. The provider/Midwest ROI has notified me of the risks and made in writing and presented or mailed to the Health Information ocation will not apply to information that has already been disclosed in response of the delivery of this authorization e/event/condition: If I fail to specify an he date signed.		
Patient or Authorized Representative Signature	Date Relationship to Patient (if applicable)		
Witness Signature required to release Mental Health Records	Date		

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