

Lancaster Pediatric Associates, Ltd.

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HIPAA Authorization Form for Release of Medical Record Information

In the State of Pennsylvania, the physician who creates the patient's medical records is the owner of those records. Current Pennsylvania Law states that a PHOTOCOPY of the medical record may be released to the patient's representative upon proper request within a reasonable period of time. "Proper Request" means a request in writing, and the form below may be used for that purpose. Please note that the law allows the physician a "Reasonable Period of Time" to comply with your request. It also permits the office to charge a Reasonable Fee for preparing the copy.

Patient Name Date of Birth Age
Address City State Zip
Telephone Parent's work or cell phone

I hereby authorize Lancaster Pediatric Associates, LTD. to use or disclose the protected health information for the above named patient as described below. The following person, physician, group or entity may receive disclosure of protected health information for the above named patient:

Name and complete address

Dates of Records to be sent: Most recent two (2) years Specific dates of service:

Unless you sign here, NO information about alcohol/substance abuse, HIV/AIDS or mental health issues, including ADD and ADHD, will be disclosed. *One signature required here* (ANY PATIENT AGE 14 AND OVER MUST PROVIDE THE SIGNATURE HERE)

YES, disclose this information
NO, do NOT disclose this information

I understand that the information used or disclosed may be subject to re-disclosure by the person or facility receiving it and then would no longer be protected by federal privacy regulations. This authorization will expire in one (1) year after the date on this request.

I may revoke this authorization by notifying Lancaster Pediatric Associates, LTD. in writing of my desire to revoke. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of the above named patient on whether or not I sign the authorization.

Reason for request: Moved out of Area Child is of AGE/Dismissed from Practice
Insurance Change Dissatisfied with Practice; please explain:

OTHER:

FEES FOR COPIES: FEDERAL AND STATE LAW PERMITS A FEE TO BE CHARGED FOR THE COPYING OF PATIENT RECORDS. LANCASTER PEDIATRIC ASSOCIATES, LTD. HAS CONTRACTED WITH CIOX TO MAKE COPIES. CIOX WILL SEND AN INVOICE WHICH CAN BE PAID BY CHECK OR PAID ONLINE AT www.healthportpay.com. IF YOU HAVE ANY FURTHER QUESTIONS, YOU MAY CONTACT CIOX AT (800) 367-1500. (FEE SCHEDULE ON REVERSE SIDE.)

Signature of patient if 18 years of age or older Date Date of Birth

Signature of parent or guardian for minor child Date Relationship or authority

Is there a custody issue with this child? Yes No Initial

What is your current insurance

PLEASE ALLOW 30 DAYS FOR PROCESSING

LANCASTER GENERAL HEALTH • 2106 HARRISBURG PIKE, SUITE I • LANCASTER, PA 17601-2644 • PHONE. 717-291-5931 • FAX 717-291-5818
WILLOW LAKES HEALTH CENTER • 222 WILLOW VALLEY LAKES DRIVE, SUITE 100 • WILLOW STREET. PA 17584-9671 • PHONE 717-464-9555 • FAX 717-464-9434

Restrictions on Medical Records Copying Charges for 2018

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 2018. 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	\$1.51		
	Pages 21-60	\$1.12		
	Pages 61+	\$0.38		
	Microfilm	\$2.23		
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		\$22.48	Actual cost

Special Purpose Requests			
To support	Copying	Retrieval	Postage, shipping, and delivery
Social Security claim or appeal	\$28.48 flat fee	No additional charge permitted	Actual cost
Federal or state needs-based benefit program	\$28.48 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		\$22.48
Subpoena from district attorney	\$22.48		No additional charge permitted
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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