

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 of 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: _____

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

www.lancped.com

Restrictions on Medical Records Copying Charges for 2021

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 2021. 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 (ePHI), 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 for individuals receiving their own ePHI may not exceed the labor cost to copy and transmit the record.

**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, & delivery
Patient	Paper		Prohibited by HIPAA privacy rule	Actual cost
	Pages 1-20	\$1.60		
	Pages 21-60	\$1.19		
	Pages 61+	\$0.41		
	Microfilm	\$2.36		
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		\$23.73	Actual cost
Special Purpose Requests				
To support	Copying	Retrieval	Postage, shipping, & delivery	
Social Security claim or appeal	\$30.08 flat fee	No additional charge	Actual cost	
Federal or state needs-based benefit program	\$30.08 flat fee	No additional charge	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, & delivery	
Subpoena (except as below)	Same as limits for patients		\$23.73	Actual cost
Subpoena from district attorney	\$23.73	No additional charge	Actual cost	
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 PA Bulletin			
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