

**MARIETTA EYE CLINIC, PA**  
**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**  
**Medical Records Release Form**  
**Phone (770)427-8111 press 2 then ext. 2016 or option 6/ Fax (770) 635-3245**

**PLEASE COMPLETE EACH SECTION BELOW**

**SECTION I.**

PATIENT'S NAME	BIRTHDATE	PHONE NUMBER
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RELEASE COPIES OF MEDICAL RECORDS TO:	OBTAIN COPIES OF MEDICAL RECORDS FROM:
NAME:	NAME:
ADDRESS:	ADDRESS
PHONE & FAX NUMBER:	PHONE & FAX NUMBER:

- A. COPY REQUEST: I \_\_\_\_\_ (INITIALS) UNDERSTAND AND AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR THE FOLLOWING FEES ASSOCIATED WITH MY REQUEST: COPYING CHARGES, INCLUDING THE COST OF SUPPLIES AND LABOR, AND POSTAGE RELATED TO THE PRODUCTION OF MY INFORMATION. PLEASE SEE FEE SCHEDULE ON PAGE TWO.
- B. PLEASE CHECK THE BOX FOR THE PURPOSE OF THIS RELEASE:

**SECTION II**

<input type="checkbox"/> CHANGING DOCTOR	<input type="checkbox"/> SECOND OPINION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> MOVING OUT OF STATE		
<input type="checkbox"/> PCP (REQUESTING COPY OF VISIT)		

- C. WHAT PHI MAY BE USED OR DISCLOSED:  ALL RECORDS **OR**  SPECIFIC DATE OF SERVICE \_\_\_\_\_

DATE UPON WHICH AUTHORIZATION EXPIRES: \_\_\_\_\_ (If left blank will expire in 90 days)

- D. I UNDERSTAND THAT WHEN MY PHI IS DISCLOSED PURSUANT TO THIS AUTHORIZATION, IT MAY BE SUBJECT TO RE-DISCLOSURE BY THE RECIPIENT AND MAY NO LONGER BE PROTECTED BY THE FEDERAL HIPPA PRIVACY RULE. I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION IN WRITING, EXCEPT (I) TO THE EXTENT THAT GRANTS THE INSURER THE RIGHT TO CONTEST A CLAIM UNDER THE POLICY. I UNDERSTAND THAT MY REVOCATION MUST BE SUBMITTED IN WRITING TO THE PRACTICE'S PRIVACY OFFICIAL/ COMMITTEE AT 895 CANTON ROAD, BLDG. 100, MARIETTA, GA 30060 BY SENDING A WRITTEN REQUEST STATING THAT I WISH TO REVOKE THIS AUTHORIZATION TO THE ATTENTION OF THE PRIVACY OFFICIAL/ COMMITTEE. BY SIGNING THIS AUTHORIZATION, I AUTHORIZE MARIETTA EYE CLINIC PA & MARIETTA EYE OPTICAL, INC., HEREAFTER KNOWN AS MARIETTA EYE CLINIC (THE "PRACTICE") TO USE AND/OR DISCLOSE CERTAIN PROTECTED HEALTH INFORMATION (PHI) TO OR FRO THE PARTY OR PARTIES LISTED IN ABOVE TABLE.

**I UNDERSTAND THAT THE PRACTICE MAY NOT CONDITION TREATMENT, PAYMENT, ENROLLMENT OR ELIGIBILITY FOR BENEFITS ON WHETHER I SIGN THIS AUTHORIZATION.**

\_\_\_\_\_  
 Patient Signature: Date

\_\_\_\_\_  
 Legal Representative/Guardian Describe authority to act on behalf of the individual Date

**FOR MARIETTA EYE CLINIC USE**

Below is only for the use of releasing information, not intended to be used for receiving information		
Date Release Was Received _____	Date Released _____	Initials _____
Copied _____ pages @ \$0.97 for pages 1-20 and \$0.83 per subsequent page(s) 21-100 and .66 cents per subsequent page after 100 equals \$ _____ plus the cost of postage \$ _____		
Equals \$ _____ total due/paid.		

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**Marietta Eye Clinic Charges for Copies of Medical Records**

**POLICY:**

Original records that contain Protected Health Information (PHI) that are created or collected by and maintained at Marietta Eye Clinic are the property of the healthcare provided. As a patient, you do not really own your records. Georgia law requires a physician to provide a current copy of the record to the patient upon written request. O.C.G.A. section 31-33-2(a). Also, O.C.G.A. section 31-33-2(b) allows a patient or his/her designee to receive a copy of the requested records. State law permits us to charge patients a fee for copying and mailing medical records in order to help recoup physician cost associated with copying. The statute allows a charge for each records are not in paper form (i.e. x-rays), we can charge the actual cost of reproduction.

**PROCEDURE:**

1. Access to patient's records. Marietta Eye Clinic limits access to a patient's medical records to:
  - a. The patient;
  - b. The patient's health care providers;
  - c. Individuals and entities who are authorized by law or by the patient's written authorization to access the patient's records.
2. Medical record retrieval time. Medical records cannot be provided to patients on a walk in basis. Per current HIPPA federal statutes, our practice is granted 30 days from the time of the request to produce copied of medical records.
3. Fees. Applicable coping fees must be prepaid prior to the release of medical records. Please see below costs. The exceptions to charging for medical records are as follows:
  - a. Patients our physicians are referring to a consulting provider will not be charged for their medical records.
  - b. Primary care physicians or referring physicians requesting medical records will not be charged for copies.

**Marietta Eye Clinic Cost for Medical Records**

• Processing charge:	
• Pages 1-20 of medical record **	\$0.97 per page
• Pages 21-100 of record	\$0.83 per page
• Each page over 100 pages	\$0.66 per page
• Charge for Certifying the Copies:	\$9.70
• Cost of Postage:	Actual Costs
• Reproduction of Non-paper Forms: (i.e. photos or slides)	Full reasonable costs
• Administrative Costs (i.e. search, retrieval and other labor costs)	\$25.88 (No charge for patients)
• FMLA & Disability	\$30.00 (but may vary based on doctor's discretion)

\*\* Each chart note will count as 1page