

DATE: _____

TO: MED PROVIDER / _____

RE: **HITECH MEDICAL RECORDS REQUEST**

Patient:

Patient Address:

Date of Birth:

Date(s) of Service:

Dear Sir or Madam:

I am a patient who received care and treatment at your facility. Please provide me with:

1. **a full and complete copy of my medical records** for the dates of service referenced above (including all hospital records, physician notes and records, radiology films, MRIs or CT scans, and any other outside medical records); and
2. **billing records**

within 30 days as required by federal law.¹

I specifically request that you certify the records and provide them in PDF format on CD or DVD.² Please send my records to:³

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

¹ 45 CFR 164.524(b)(2)(i)

² 45 CFR §164.524(c)(2)(ii) and Fed. Reg. Vol. 78 (12) Jan. 25, 2013, page 5636

³ 42 USC § 17935(e)(1) and 45 CFR 164.524(c)(3)(ii)

_____ will pay the HITECH charges for these records. She/He will pre-authorize any amount below \$30.00. As you know, HITECH limits the cost of obtaining the records to the actual labor costs for reproducing them in the requested electronic format, the actual cost of the portable media (CD or DVD), and postage.⁴ _____ will pay a certification charge pursuant to state law, but not a “retrieval fee” or “basic fee” because that is specifically exempted by the Department.⁵ Please note that a third-party HIPAA authorization is not required to release my records in this manner⁶, but I am providing one anyway so that you may communicate with _____ in case you need to coordinate delivery with him or have questions about the federal law cited in this letter.

Thanks,

SIGNED: _____

PRINTED NAME: _____

⁴ 42 USC § 17935(e)(2) and 45 CFR § 164.524(c)(4)

⁵ Fed. Reg. Vol. 78 (12) Jan. 25, 2013, page 5636

⁶ 45 CFR § 164.508(c) and Federal Register Vol 78 (17), Jan. 25, 2013, page 5634