Record Release Copying Policy
Tri-City Endocrinology and Metabolism

Authorization for Release
of Medical Information

We are happy to provide a copy of your Medical Records from this office. We are required by law to keep the original documents. Please realize there is a charge for this Service, which can be minimized by requesting specific items rather than the whole chart.

Items Requested:

- ☐ History and Physical/Consultation Report
- ☐ Pathology Reports
- ☐ Laboratory Studies
- ☐ Nuclear Medicine Reports, Scans & X-Ray Reports
- ☐ Last 1, 2, or 3 years of Records (Circle how many)
- ☐ Send Entire File

Reason for Request:

- ☐ Insurance
- ☐ Ongoing Care or Consultation
- ☐ Moving
- ☐ Changing Doctors
- ☐ Other _____

The usual Charge for this Service is $15-$35, depending on the amount of records copied or faxed.

Please indicate which Physician/Medical Group you would like us to direct your records to:

Name of Recipient: _____

❑ Mail to: Address: _____

_____

❑ Fax to: Number: _____

DATE: _____ SIGNED:_____