



# CHURCHVILLE-CHILI FAMILY MEDICINE

4201 Buffalo Road – P.O. Box 505, N. Chili, NY, 14514

Tel: (585) 594-5995 - Fax: (585) 594-5425

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Records Released to:

We have received a request for medical records from the above office. Due to HIPAA regulation, we have amended our current release process which requires that our own *Authorization To Release Medical Information Form* be signed prior to medical records being transferred. Please sign, date and return the attached form.

Our charge to copy an entire electronic medical record to CD and mail it, is \$6.50. Our charge to send your medical record via secure fax is \$6.50 The charge to copy medical records to paper varies according to the number of pages. We also offer a *summary* of electronic medical records which is free of charge. **We will be happy to transfer your records upon receipt of the attached form and payment.** Once received, your request will be processed within 7 business days.

If you are transferring to a new office, your status will be updated on the date that our records of your care have been sent to the new PCP office for them to provide ongoing care.

**Please select one of the following options:**

- Please copy and mail my entire medical record on **CD** to the above address for \$6.50. *(I have contacted my new healthcare provider's office and verified that they will accept my records on CD)*
- Please **fax** my records to my new physician's office @ \$6.50
- Please copy my records to **paper** @ .75 per page *(please contact our office for total cost)*
- Please send only a **free summary** of my electronic medical record to the above address.

Thank you for your assistance.

Churchville-Chili Family Medicine  
Medical Records Department

**FOR OFFICE USE :**

\$\_\_\_\_\_ Pre-Payment received by \_\_\_\_\_ on \_\_\_\_\_

**STATUS:**  Trans  Rel  Other \_\_\_\_\_ **DATE:** \_\_\_\_\_