



### **Instructions for Requesting Copies of Your Medical Record**

California law (AB610) allows a 15-day turnaround time to process a patient's request for copies of their medical records.

Due to HIPAA and State regulations we must follow strict guidelines when releasing copies of your medical records. We have provided you with an Authorization form to request copies of your medical records. In order to process your request, please complete and submit all of the following in this Packet:

- ❑ Authorization To Release Medical Information form
- ❑ Patient Pay Program form
- ❑ \$25.00 Prepayment

You may mail or drop off your packet in person to the Certified Information Management location at 7880 Crossway Dr. Pico Rivera, CA 90660

\* Please note that we do not accept Packets by fax.

For questions about the status of medical record Requests that you have submitted or how to complete the Patient Pay form, please call:

- Certified Customer Service at (562) 949-4927

For questions regarding the Authorization form, please call:

- Certified Information Management at (562) 949-4927  
[info@certifiedusa.net](mailto:info@certifiedusa.net)

Thank you for following these instructions and for your understanding,

Certified Information Management



**PATIENT PAY FORM**

CA CIVIL CODE 123110: California Patient Access to Health Records. Inspection and copying; Paragraph (b) Additionally any patient or patient’s representative shall be entitled to copies of all or any portion of the patients records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed (\$.25) per page or (\$.50) cents per page for records copied from microfilm and any additional reasonable clerical costs at a rate of (\$24.00) per hour.

Date: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Daytime contact #: \_\_\_\_\_

**Payment Method (To Be Completed by Patient)**

Check (payable to Certified)  Money Order (payable to: Certified)  Credit Card (MC, Visa,...)

Check / Money Order #: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature of credit card holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City

State

Zip Code

**Charges for the cost of reproduction of medical records:**

1 - 50 pages = \$25.00 Pre-Payment

Page 51 to N (N = Last Page) = \$0.25 per page - - - Note: Usually 110 pages per inch of records

Plus 50 cent envelop and USPS postage rate for mailing

**For Office Use Only**

# of Inches \_\_\_\_\_ X 110 pages = \_\_\_\_\_ pages - 50 prepaid pages

= \_\_\_\_\_ pages @ \$0.25 per page = **Total amount due \$** \_\_\_\_\_

Date patient notified of charges: \_\_\_\_\_