

Protected Health Information Authorization for Release

Berks Schuylkill Respiratory Spec., LTD 2608
Keiser Boulevard
Wyomissing, PA 19610-3333
Telephone: (610)-685-5864
Fax: (610)-929-1528

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ Phone: _____ I

hereby authorize _____ to release my Medical Records to:

Me

Recipient: _____ Phone: _____

(Name of Authorized Person, Doctor, Hospital, or Other)

Address: _____ Fax: _____

ATTENTION PATIENT:

I understand and authorize the release of this information with the exceptions of:

If included in the medical record, this authorization includes the release of information protected by: Confidentiality of HIV-Related Information Act (AIDS, HIV-related information or testing), Mental Health Procedures Act (psychiatric disorders), Drug and Alcohol Abuse Control Act (drug and/or alcohol treatment) as permitted by law.

Information to be Released & Date(s) of Service:

Complete Medical Record

Abstract of Medical Records= H&P, Diagnostic Test Results, Problem List, Medications, Allergies, Labs and Procedure Results

Billing Record

Other:

Reason for Disclosure: Personal Further Medical Care Legal Investigation or Action

I would like to receive this information via: Paper Medent Patient Portal

I understand the following: I may revoke this authorization in writing at any time; this revocation will not apply to information that has already been released in response to this authorization. The information disclosed in response to the authorization may be subject to re-disclosure by recipient, and will no longer be protected under the terms of this authorization. I have the right to inspect or copy the health information to be used or disclosed as permitted by law. I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, or my eligibility for benefits (if applicable). Respiratory Specialists may receive compensation for medical record copying in accordance with PA Law, 42 Pa. C.S. 6152. I understand that this consent will expire in 365 days from the date below or upon my death, whichever occurs earlier.

Signature of Patient or Authorized Representative: _____ Date: _____

Printed Name of Patient: _____ Relationship to Patient _____

Signature of Witness: Date: _____

Printed Name of Witness: _____

Title/Department: _____

Important Information about Medical Records Requests

Requesting Your Records:

The Records Release Center of our Health Information Management Department is available to assist you with obtaining copies of your medical records. You may contact us by:

Telephone: (610)-685-5864

Fax: (610)-929-1528

Mail: Berks Schuylkill Respiratory Spec., LTD, 2608 Keiser Boulevard Wyomissing, PA 19610-3333

Picking Up Your Records:

We highly recommend calling at least 24 hours in advance so that your records will be ready when you arrive.

Identification Required:

Please bring a driver's license or photo identification card. If you are picking up records for an adult 18 years of age and older, you must also have either: a note signed by the patient authorizing you to pick up his/her records OR Medical Power of Attorney documentation OR Legal Guardianship documentation.

Receiving Records Through Medent Patient Portal:

Receive in 3-5 days.

Records will be available to access and download.

You will receive an e-mail when new documents have been uploaded to your Medent Patient Portal.

Charges:

Per Pennsylvania Law, 42 PA. C.S. 6152, we may charge for copying records.

Payments:

Records requested to be released through the Medent Patient Portal will not receive a charge. Any paper request for records will be subject to a \$28.48 charge that is due upon request. An invoice will be sent for any remaining balance or a refund will be processed if the charge does not exceed \$28.48

Rates Effective January 1, 2020

Flat Fee for production of records to support claims under Social Security Act or other Federal or State financial needs based benefits programs \$29.72

Amount to be charged per page for pages 1-20 \$1.58

Amount to be charged per page for pages 21-60 \$1.17

Amount to be charged per page for pages 61-end \$0.40

Flat fee for supplying records requested by District Attorney \$23.45

Copies for Personal Use (Myself) Refer to per page
(Not to exceed \$50.00)

Medical Records released through Medent Patient Portal No charge