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Fees for Copies of Health Information

In order to better serve you, our facility contracts with HealthPort to process your request for copies of medical records.

There will be a minimum fee of \$10 charged for reproduction of records unless you are referred by our facility to another provider.

Effective January 1, 2008, fees per page will be the following:

\$.75 per page for 1-25 pages
\$.50 per page for 26-100 pages
\$.25 per page for 100+pages
Plus actual postage

All invoices will be billed by HealthPort. Upon receipt of your invoice, simply include the bottom portion of your invoice along with your check for the balance due. Your invoice will include a phone number if you choose to pay by credit card or you may go to www.HealthPortPay.com to pay your invoice. If you have any further questions, feel free to contact HealthPort customer services at 1-800-367-1500.

3124 Blue Ridge Road, Suite 102
Raleigh, NC 27612
(919) 782-0021 phone
(919) 571-0825 fax

10208 Cerny Street, Suite 104
Raleigh, NC 27617
(919) 226-0662 phone
(919) 226-0663 fax

Blue Ridge Pediatrics, LLP

3124 Blue Ridge Road, Suite 102

Raleigh, North Carolina 27612

Phone (919) 782-0021

Fax (919) 571-0825

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

Patient name: _____ Date of birth: _____

Patient's telephone: _____

I hereby request _____ to provide me or the person listed below with access to protected health information about my child that is maintained by _____.

Specifically, I would like to:

- Inspect my child's protected health information;
- Inspect a summary or explanation of my child's protected health information;
- Obtain a copy of my child's protected health information. Purpose of releasing this information: _____
- Obtain a copy of a summary or explanation of my child's protected health information.

I would like to:

- Pick up the copy or summary/explanation I requested (Blue Ridge Pediatrics, LLP does not offer this option.)
- Have _____ mail the copy or summary/explanation to me or to someone else at the address written below
- Have _____ fax the copy or summary/explanation to me or to someone else at the fax number written below (Blue Ridge Pediatrics, LLP does not offer this option)
- Receive the copy or summary/explanation on ___ paper or ___ CD or flash drive or ___ by e-mail. (Blue Ridge Pediatrics, LLP does not offer the CD, flash drive or e-mail option.)

I would like the following records:

- Copies of all medical records for the dates of treatment (please write "*all*" if you want information for all dates of treatment): From _____ to _____
- Other (please specify): _____

Sender's Information:

Name: _____
Address: _____
Phone: _____
Fax: _____

Recipient's Information:

Name: _____
Address: _____
Phone: _____
Fax: _____

I understand that I **may be charged a fee** for the preparation of a summary or explanation of my child's protected health information. I also **may be charged a fee** for reproduction costs to obtain a copy of my child's protected health information or to obtain a copy of the summary or explanation. If I ask to have the information mailed to me, I understand that I **may be charged a fee** for mailing costs. If I ask for an electronic copy of my child's protected health information, I understand that I **may be charged a fee** for the media (CD, flash drive) on which my copy is stored and provided to me and for the labor costs associated with making the copy. If I ask to have information e-mailed to me or another person, I understand that sending e-mails is not always secure, and I agree that I will not hold _____ responsible if the information e-mailed is intercepted by an unauthorized third party.

Signature of Patient or Representative

Date

Print Name

Relationship of Representative to Patient (please describe Representative's authority to act on behalf of the Patient): _____
