

Records Requests - Pricing Agreement

1. Your Rights as a Patient

- a. Right to Access: Patients have the right to inspect or obtain a copy of their medical records.
- b. Format Options: Records may be provided in paper or in faxed form, as permitted by law.
- c. Turnaround Time: Requests will be **processed within 10 business days of receipt** (or sooner if required by state law). Altheda Medical Center will only release records with a valid **"Release of Medical Records" form signed within the last 90 days**. If a valid release is not obtained, then additional time will be required to fulfill the request to protect patient privacy.

2. Fee Structure

- a. In accordance with HIPAA, fees are limited to reasonable, cost-based charges for:
 - i. Labor for copying records (paper or electronic).
 - ii. Supplies (paper, envelopes, CDs, USB drives).
 - iii. Postage (if records are mailed).
- b. Altheda Medical Center abides by all Federal and Pennsylvania law. In compliance with 42 Pa.C.S. §§ 6152, 6152.1 and 6155, Altheda Medical Center has adopted the following structure for medical records requests.

Amount Charged per Page for:	Not to Exceed
Pages 1-20	\$1.94
Pages 21-60	\$1.44
Pages 61-End	\$0.50
Microfilm Copies	\$2.86
Search and retrieval of records (cannot be charged if requestor is requesting their own personal health record)	\$28.74
Flat fees (providers may not charge the above search and retrieval fee in addition to a flat fee)	
Production of records to support any claim under Social Security or any Federal or State financial needs-based program;	\$36.42
Supplying records requested by a district attorney	\$28.74

Forms Completion Fee Policy

Completion of administrative forms (such as disability, FMLA, employer return-to-work, or insurance paperwork) requires provider review and time outside of the medical visit.

- **Standard forms: \$25 per form**
- **Complex or time-intensive forms** (e.g., disability packets, multi-page insurance documents): **\$75 per form** Payment is due prior to the completion of the form.