**REQUEST FOR MEDICAL RECORDS**

I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date(s) of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the release of any and all medical records pertaining to my/our care at Main Line Fertility & Reproductive Medicine and/or the Main Line Fertility Center.

I/We understand that if this is our first request for records, there is a $25 fee. If records have previously been requested, the cost for any additional copies will follow the state’s Judicial Code of 2021. These fees are as follows: $23.73 for search and retrieval of chart; $1.60 per page for pages 1-20; $1.19 per page for pages 21-60; and $0.41 per page for pages 61 and up. Additionally, the cost of postage will apply when records are mailed. If you have had records copied previously, the staff will contact you for payment once the fees are calculated. Payment is due before records are mailed or collected.

We may not copy records that have been received regarding your care from physicians other than the physicians of Main Line Fertility. These records must be acquired from the physician or medical facility who delivered your care.

Please indicate below how you would like to obtain your records:

\_\_\_\_\_\_\_ mail to another doctor \*\*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ mail to my home \*\*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ prepare for pick-up. Phone # to call when ready \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical records will include HIV and infectious disease results (if performed) unless you specify on this request otherwise.

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\* If you elect to have records mailed to you or your physician, you understand that Main Line Fertility & Reproductive Medicine and Main Line Fertility Center will take all measure to securely mail your records but cannot be responsible for the records once they leave our facility. You do have the option to have the records sent Fed Ex but this will be an additional cost to the patient that must be paid before records are released.***

***Please note all release of medical records will take seven to ten business days from the date the release is received by the office. Any fees must be paid before records are released. Please contact the office with any questions.***