

PATIENT REQUEST FOR HEALTHCARE RECORDS

DATE: _____

NAME & ADDRESS OF MEDICAL PRACTICE:

To Whom It May Concern:

I am a patient of the above reference healthcare practice. At this time, I am respectfully demanding a full and complete copy of my healthcare record maintained by your office. I am attaching a fully executed HIPAA compliant authorization for your file. As reflected in the attached HIPAA document, I am specifically requesting copies of:

- ___ Administrative documents and forms including, but not limited to, patient intake forms, billing/insurance forms, scheduling forms, etc. . . .
- ___ Informed consent documents.
- ___ Care plans and/or any documents reflected proposed future care and treatment.
- ___ Office notes and records reflecting my care and treatment.
- ___ Reports related to diagnostic testing.
- ___ Documents referring me to another healthcare provider.
- ___ Prescriptions.
- ___ Imaging studies including, but not limited to, x-rays, CT scans, MRI scans, etc. . . .
- ___ Reports generated from any diagnostic studies.
- ___ The entire billing record, and/or any document reflecting a financial agreement between me and the office.
- ___ Any correspondence, e-mails or text messages sent to me by any employee of the office, and/or any correspondence, e-mails, text messages sent by me to any employee of the office.

Pursuant to Florida Statute §766.204, you must release a copy my records to me within 10 days. I am willing to pay the statutory copying charges of \$1.00 per page for the first 25 pages, and \$0.25 per page thereafter.

When the records have been copied and are available, I request that your office call me at the following phone number _____. At that time, I will advise of the desired delivery method, and I shall provide the office with a payment via credit card to cover the statutory copying charges and, if applicable, postage.

Thank you in advance for your prompt attention to this matter, and please do not hesitate to contact me regarding the duplication and delivery of my records.

Sincerely,

Signature: _____

Printed Name: _____

(Complies with HIPAA, 45 CFR §164.508 & 164.524)

PATIENT AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

I, _____, hereby demand and authorize that _____ release all protected health information that is described below to me within the next 10 days as required by 45 CFR §§164.508 and 164.524, as well as Florida Statute §766.204. The protected health information released herein is specifically as follows:

Copies of any and all documents and recorded information concerning the undersigned, including but not limited to, all medical records, health care and physician/dentistal records, surgeon records, diagnostic testing, including x-rays, CT scans, nuclear medicine records, slides, tissues, laboratory reports, operating and emergency room records, discharge summaries, progress notes, consultations, descriptions, physical histories, nurses' notes, patient intake forms, birth certificate and other vital statistic, therapist notes, social worker notes, insurance records, consents for treatment, statements of account, itemized bills and invoices, or any other documents concerning any treatment, examination, periods of stays or hospitalization, confinement, complete copies of any and all prescription profile records, prescription slips, medication records, orders for medication, payment records, insurance claim forms or other information pertaining to the undersigned. (I AM REQUESTING A COPY OF THE ENTIRE CHART).

I understand that the information in my health records may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental services, and treatment for alcohol and drug abuse.

I am willing to state that a dated and signed photocopy of this Authorization shall have the same force and effect as an original. Be advised that this Authorization is limited neither in time nor medical subject area.

This Authorization acts as a revocation of any and all authorizations that I may have signed before the effective date hereof, and as a result, any other authorizations in your possession are hereby revoked and cancelled.

In accordance with the provisions of 45 CFR §164.524(c)(3)(ii), I specifically request that copies of my medical records be transmitted to me in electronic format (PDF format on CD media or USB drive), as required by 45 CFR §164.524(c)(2)(ii). If electronic format is unavailable, I shall accept legible photocopies and I shall reimburse for such copies in a manner consistent with Florida Administrative Code 64B8-10.003.

This Authorization will expire two (2) years from the dated shown below.

PATIENT/CLIENT: _____
Signature

DATE: _____

Printed Name

DATE OF BIRTH: _____

SOC. SEC. NO.: _____

64B8-10.003 Costs of Reproducing Medical Records.

Recognizing that patient access to medical records is important and necessary to assure continuity of patient care, the Board of Medicine urges physicians to provide their patients a copy of their medical records, upon request, without cost, especially when the patient is economically disadvantaged. The Board, however, also recognizes that the cost of reproducing voluminous medical records may be financially burdensome to some practitioners. Therefore, the following rule sets forth the permitted costs for the reproduction of medical records.

(1) Any person licensed pursuant to chapter 458, F.S., required to release copies of patient medical records may condition such release upon payment by the requesting party of the reasonable costs of reproducing the records.

(2) For patients and governmental entities, the reasonable costs of reproducing copies of written or typed documents or reports shall not be more than the following:

(a) For the first 25 pages, the cost shall be \$1.00 per page.

(b) For each page in excess of 25 pages, the cost shall be 25 cents.

(3) For other entities, the reasonable costs of reproducing copies of written or typed documents or reports shall not be more than \$1.00 per page.

(4) Reasonable costs of reproducing x-rays, and such other special kinds of records shall be the actual costs. The phrase "actual costs" means the cost of the material and supplies used to duplicate the record, as well as the labor costs and overhead costs associated with such duplication.

Rulemaking Authority 456.057(17), 458.309 FS. Law Implemented 456.057(17) FS. History—New 11-17-87, Amended 5-12-88, Formerly 21M-26.003, 61F6-26.003, 59R-10.003, Amended 3-9-09.

Menu**2019 Florida Statutes**[< Back to Statute Search](#)

Title XLV TORTS

Chapter 766 MEDICAL MALPRACTICE AND RELATED MATTERS

SECTION 204 Availability of medical records for presuit investigation of medical negligence claims and defenses; penalty.**766.204 Availability of medical records for presuit investigation of medical negligence claims and defenses; penalty.—**

(1) Copies of any medical record relevant to any litigation of a medical negligence claim or defense shall be provided to a claimant or a defendant, or to the attorney thereof, at a reasonable charge within 10 business days of a request for copies, except that an independent special hospital district with taxing authority which owns two or more hospitals shall have 20 days. It shall not be grounds to refuse copies of such medical records that they are not yet completed or that a medical bill is still owing.

(2) Failure to provide copies of such medical records, or failure to make the charge for copies a reasonable charge, shall constitute evidence of failure of that party to comply with good faith discovery requirements and shall waive the requirement of written medical corroboration by the requesting party.

(3) A hospital shall not be held liable for any civil damages as a result of complying with this section.

History.—s. 51, ch. 88-1; s. 27, ch. 88-277; s. 246, ch. 98-166.

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