TriHealth Physician Partners
The Family Medical Group

3260 Westbourne Drive
Cincinnati Ohio 45248
Phone: (513) 389-1400
Ext 2501
Fax: (513) 619-8713

Authorization for Release of Medical Information

Patient's Name:_____ Date of Birth:_____

Address:_____

City/State/Zip Code: _____

SS#:_____ Patient's Phone #: _____

Date of Request: _____ Date Needed:_____

☐ I authorize The Family Medical Group to **release information to:**

_____
Name of Provider Facility

_____
Address

_____
City, State, Zip Code

_____
Phone # / Fax # (Including Area Code)

OR

☐ I authorize The Family Medical Group to **obtain information from:**

_____
Name of Provider Facility

_____
Address

_____
City, State, Zip Code

_____
Phone # / Fax # (Including Area Code)

PURPOSE FOR THIS REQUEST: (Check one) ☐ Specialist ☐ Transfer ☐ Other (Specify) _____

TYPE OF RECORDS REQUESTED: (Check one)

- ☐ All medical records; *or*
- ☐ I only want parts of my medical record, described below, to be disclosed:

_____
_____

AUTHORIZATION VALID FOR: (Check one)

- ☐ This request only.
- ☐ One year from date of this authorization OR _____ (Insert date) This Authorization Applies to the records of the treatment received on or prior to the date of the authorization.
- ☐ This request and for medical records of any future treatment of the type described above until: _____ (Insert Date)

I understand that:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a ***written*** request to the address provided at the top of this form, except where a disclosure has already been made in reliance on my prior authorization.
- I release The Family Medical Group staff and counsel from all legal responsibility or liability that may arise from authorized release of information
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be re-disclosed. The Family Medical Group will not transfer this information without my permission, unless the law authorizes or compels them to do so.
- This authorization will include the release of information concerning HIV testing or treatment of AIDS, AIDS related conditions, drugs or alcohol abuse, drug related conditions, alcoholism, and/or psychiatric or psychological conditions.
- There may be a charge for the requested records. If you are requesting medical records that fall within the last 0-24 months there will be no charge for the copying of these records. If you are in need of medical records that are older than 25 months see the back of this form for our copying of medical records fees. These fees are based on the standard Ohio Statutes for copying of medical records.

Signature of Patient or Representative: _____Date:_____

Relationship to Patient (if requester is not the patient)

_____

Allowable Charges for Copying Medical Records

Ohio Department of Health (ODH) has released the updated amounts that healthcare providers can charge for copying medical records in 2012.

The following are amounts hospitals and companies can charge for copying medical records in 2012.

If the request is made the ***patient*** or the ***patient's personal representative***, total costs for copies and all services related to those copies shall not exceed the sum of the following:

- $2.92 per page for the first 10 pages
- $0.61 per page for pages 11-50
- $0.25 cents per page for pages 51 and over
- Cost of Postage

With respect to data recorded on something other than paper, the maximum charge is $2.00
per page.

If the request is made by an entity ***other than*** the patient or the patient's personal representative, total costs for copies and all services related to those copies shall not exceed the sum of the following:

- An initial fee, which compensates for the records search: $17.97
- $1.18 per page for the first 10 pages
- $0.61 for pages 11-50
- $0.25 for pages 51 and over
- Cost of Postage

With respect to data recorded on something other than paper, the maximum charge is $2.00 per page.

These fees are effective for 2012.