

DIABETES ASSOCIATES MEDICAL GROUP

Patient Access to the Medical Record Request Form

Please note that our policy has always been, and will continue to be, to provide the medical records to the patient at a charge of \$ 15.00 search/ clerical costs, \$0.25 for each page of the first 25 pages, \$0.10 per page for copies in excess of 25 pages, actual postage cost, the actual cost of reproducing X-rays and other special medical records.

I, _____, request Dr. Dr. Ivy-Joan Madu's Office to make copies of my medical records for my personal inspection. I understand that these records contain protected health information (PHI). I agree to be responsible for the cost of copying these records, including copying fees, labor, supplies, and postage (if applicable)

I agree to pay for this prior to the service being rendered.

Patient Signature _____

Date of request _____