



ISMS HIPAA MODEL FORMS (HMF): THIS IS FOR EDUCATIONAL PURPOSES AND IS NOT INTENDED NOR SHOULD BE CONSIDERED LEGAL ADVICE

Model Request for Medical Records Acceptance Form Letter

(ON OFFICE LETTERHEAD)

Date: _____

Dear ***(Patient or Representative)***:

Attached are copies of the requested medical records for _____ ***(patient's name)***_____. Medical records consistent with your request have been provided. If this office is in possession of other records or information that, by statute or regulation, requires special authorization from the patient to release and no specific release has been received, these records or information have not been provided.

Also enclosed is an invoice for the cost of reproducing these records for you. Please send payment to the above address. State law provides that medical record fees are as follows: \$20.48 handling fee, plus per page fee of 77 cents (for pages 1-25), 51 cents (for pages 26-50), and 26 cents (for pages 51+) per Public Act 92-228.

Sincerely,

cc: Patient's file
Attached records
Enclosed invoice