



Dear Requester,

MediCopy Services, Inc. (a HIPAA compliant Health Information Management company) is contracted to fulfill medical records requests for the provider you've requested records from. We have received your request for records. However, we cannot process your request at this time for one or both of the reasons listed below.

- **The patient information on the release is missing and/or does not match what is listed in the patient's chart.**

Please verify that all fields are filled out completely and accurately to prevent any further delay of the request.

- **The information provided for whom the records are being sent to is missing and/or incomplete.**

Please verify that all fields are filled out completely and accurately to prevent any further delay of your request. ****Note: Providing the recipient's email or fax number can help expedite your request.*

For your convenience, we have included a blank authorization form along with this letter. You are welcome to complete this form and mail or fax it back to the location listed at the bottom of this page. For faster service, you can also go to www.medicopy.net and click on "Request Records". If you have any questions regarding this, please feel free to give MediCopy Services a call at 866-587-6274 (MCSI).

Best regards,

MediCopy Services, Inc.



MediCopy Authorization for the Release Of Medical Records

Where are the records coming from?

Facility/Doctor's Name:

Tell us about the patient.

Name: _____ DOB: _____ SSN: XX-XX-_____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

Where are we sending the records?

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

What would you like released?

Specific Categories

- All Records
- Office/Clinic Notes
- Operative Reports
- Lab/Pathology Results
- Radiology Reports
- Immunization Records
- Dates _____ to _____
- Other _____

If you do not want certain portions of your medical records released, please check the categories listed below you would like excluded.

- Substance Abuse, if any
- AIDS/HIV/STDs, if any
- Psychological/Psychiatric conditions, if any

Why are we sending the records?

Purpose of Disclosure

- Personal Use
- Litigation/Legal
- Insurance
- Transfer of Care *(Last Two Years sent to a Physician at No Charge)*

[Click Here](#) or visit the patient section of medicopy.net to see the cost associated with requesting records.

- ***I hereby acknowledge that I have read and agree to the fees listed within the state statute of the applicable state from where records are released. Fees are non-refundable once services are rendered. Payment is due on receipt of invoice and payments received after 30 days are subject to \$5.00 late fee.***

How would you like the records sent?

Delivery Method*

The Following Delivery Methods are at No Additional Charge

Email Fax Pick-Up

*Fees Listed are in Addition to the Applicable State Statute Fees

Postage \$6.00 Recs on CD \$10.00

Patient's Signature

I hereby authorize Medi-Copy and its affiliates to release or disclose to the person(s) or organization listed above, all medical records requested, including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia or HIV infection, *unless otherwise noted*. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the recipient on this request and will no longer be protected by federal regulations.

Patient's Signature: _____ Date: _____

Relationship to patient: _____