



# FAMILY MEDICINE at Lansdowne

## Request for medical records

You may use this form to request copies of medical records held at this practice pursuant to your rights under Federal Law (HIPPA). Ordinarily, your request will be processed and your records sent within 15 (fifteen) days. In certain circumstances, we may deny your request, but are required to inform you why we did not disclose your records.

Please see our notice of privacy practices (you may request one to be sent to you) or see our web site at <http://www.fmlansdowne.com> for more information; click on "Registration" and "HIPPA."

I hereby request a copy of the medical record kept for me by Family Medicine at Lansdowne.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address for report: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship or lawful authority e.g., Self, Parent of minor, Caregiver of someone incapacitated \_\_\_\_\_

Please indicate purpose and type of request:

- Moving to new provider, no charge\* summary requested
- Moving to new provider, full disclosure at my cost\*\*
- Other: Please indicate purpose:

\*There is no charge to send a summary report to a new medical provider. A summary report includes history of diagnoses, medications, allergies, vaccinations and other information in summary form only. If moving temporarily, this is usually all that is required.

\*\*The charge for locating, copying, assembling and postage of medical charts is twenty dollars (\$20) or \$0.15 per page, whichever is greater but may vary with circumstances.

All medical records are sent by registered mail, signature required. We do not mail to PO boxes.