

Steven D. Atwood, M.D., FACP

Internal Medicine & Family Health Care
3525 S. National, Suite 206
Springfield, MO 65807

Phone: 417-269-9200 www.adultmedicine.com EIN: 43-1569320 NPI: 1386643773
Fax: 269-9204
medical record line: 269-9203

Personal Record Copy Request

For the attached signed record release

Date: _____

Re: _____ DOB _____

Regarding the medical records you requested : **There is no charge for the initial fax to another physician.**
Records faxed or mailed to the patient or elsewhere will need a signed release (on our website) and payment of copy and processing charges indicated below. A down payment of \$30 is required and then the balance will be billed after the records have been printed.

After all the the office records are processed and scanned then a page count can be made. At that time you will be contacted with that information and the final bill minus the initial payment.
Upon receipt of payment for the copy and any mailing charges we will send them to you or have available for pickup

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). **The federal rules prohibit you from making any further disclosure of this information** unless further disclosure is expressly permitted by the written and informed consent of the person to whom it pertains or as otherwise permitted by state or federal statute or 42 CFR part 2. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Your bill for these records is \$ 23.94 base processing and search fee and 55 cents per page
Records should be picked up in person at the office or can also be mailed.
Per statute if records have been archived and are stored off site there is an extra \$21.89 fee for record retrieval.
If records must be mailed it will be as time permits via regular postal mail for an extra \$5 postage and handling fee

Total # Pages, =
Including Request _____

Search & Processing \$23.94
55 X _____ pages =

Postage & Handling = \$ 5
\$21.89 for Off site reterival if
not seen in the office in the last 5 =
years

postage waved if you or your designate picks up the records at the office.
We will call you when the records are available for pickup

Your Charge for : \$ _____
These Records

and minus the \$30 initially paid

final balance due is: \$ _____

The Medical Records Department

Notice of confidentiality

The documents accompanying this facsimile transmission contain confidential information belonging to the sender, which is legally and/or medically privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any of the contents of this facsimile information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for return of the documents to us.