



**Family Medical & Maternity Care, PC**  
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WWW.FMMCONLINE.COM

## **OBTAINING YOUR MEDICAL RECORDS**

### *Frequently Asked Questions*

The following provides an overview of the medical records request process.

Please call our office and speak to the Medical Records Department at **(978) 534-8701** (select option 5) if you have any additional questions.

#### **How can I obtain my medical records?**

You may submit a records request by completing an “*Authorization to Use and Disclose Protected Health Information*” form. This form can be filled out in our office or downloaded from our website **www.fmmconline.com** under the “Forms & Policies” tab. *In compliance with Massachusetts HIPAA laws, we require specific permission to release statutorily protected health information.*

Please be sure to initial all asterisked lines at the bottom of the first page of the form, even if they do not apply to you. ***If these lines are not initialed, we will not be able to release your complete medical record.***

#### **Is there a cost associated with obtaining my medical records?**

Yes, charges usually apply to obtain your complete medical record. Pursuant to HIPAA 45 CFR, 164.254 we reserve the right to charge no more than a reasonable cost-based fee for producing and mailing medical records. This fee will be based on the supplies and postage required to fulfill your request. *If you do not wish to pay for your complete medical record, we will provide a detailed medical summary free of charge for continuity of care. In most cases, this medical summary will typically satisfy what a provider is looking for when establishing patient care.* ***Please note: a copy of your complete record is not produced until payment is received.***

**Faxed copy of brief medical summary only:** No charge (50 page limit)

**Complete records copied to CD:** \$15 for a single patient or \$25 for a family

**Complete records copied to paper:** Base fee of \$15/single patient or \$25/family, with the additional fee of \$0.50 per page for the first 100 pages and \$0.25 per page in excess of 100 pages\*

\*Fees are in compliance with Massachusetts Law Chapter 111: Section 70 regarding the inspection and copying of medical records.

## How may I submit payment?

- FMCC accepts cash, check, and most major credit cards. Payments can be made in person or over the phone.
- Records copied to CD must be paid for upon submission of your request. If your request is submitted by mail or fax you may call our office to make a payment by credit card.
- A request for records copied to paper requires calculation prior to collecting payment. A member of our staff will contact you with the precise cost.
- If payment is not received with the submission of your request you will a phone call from our office to review our transfer fees and policies and collect payment. If we do not receive payment within 30 days following the date listed on your invoice, we will assume you no longer wish to pay for your complete record and the request will be closed.

*Please note that with a valid request we will send a brief detailed medical summary to your new provider for continuity of care purposes regardless of whether or not a fee is collected.*

## How soon may I expect my request for medical records to be completed?

Processing time may vary depending on the type of request. Routine requests are usually completed within two to four weeks. If needed, you may call the Medical Records Department to discuss your individual medical record request needs.

## Can someone other than myself pick up copies of my medical records?

Yes, medical records can be picked up by someone other than yourself as long as the individual's name is listed on the request form. Please check the designated box next to *I will have another party pick up my records at this office* and note the individual's name on the corresponding line.

## What is the most appropriate time frame in which to request my records when transferring to a new primary care office?

We recommend that you register with your new primary care provider **prior** to requesting your records. **The effective date of your transfer out of our practice will be the date noted next to your signature on the medical records request form.**

It is imperative that you make immediate arrangements for a new primary care physician as all subsequent health care services will be terminated including pending future appointments and medication refills once this form is received.

