Foot & Ankle Specialists of the Mid-Atlantic

Keeping you on track...For Life!

Medical Records Copying Fee

On October 1, 1994 the law allowing physicians to charge specific sums for preparation and production of medical records went into effect. This law is codified in Maryland law at Health General Article § 4-304(c)(3). According to the law, the fees may be adjusted annually for inflation using the Consumer Price Index on July 1st of each year. The statute does not designate an entity to compute the increases. However, the Maryland Board of Physicians (MBP) has provided FASMA with its calculation of what the adjusted rates should be. The adjusted rates for medical record copying as announced by the MBP are as follows:

- A preparation fee of $22.88 (**this fee may not be charged to patients**),
- Plus a copying charge of $.76 per page;
- Plus actual cost of shipping and handling

More information on the Consumer Price Index can be found at http://www.bls.gov/cpi/.

The following rules continue to apply:

- No fee may be charged to transfer the records of a Medicaid recipient to another provider
- A practitioner may not withhold medical records because of unpaid fees for medical services
- The records may not be withheld under an emergency request from a state or local governmental unit concerning a child protective services or adult protective services case pending payment
- A physician should not withhold records that have been subpoenaed pending payment of copying and preparation charges but may bill any non-governmental entities subpoenaing records

FASMA uses electronic medical records systems and understands the change in HIPAA medical records privacy rules. As of February 17, 2010, if a medical practice is using an electronic medical records system, they must provide a patient requesting their medical record with a copy in electronic format, if the patient so requests. The charge for the copy provided can be no more than the actual labor costs incurred by the practice in responding to that request.

FASMA patient records should not be withheld from another health practitioner pending payment of the copying fees if to do so would hinder an ill patient from receiving needed medical attention.

Consistent with the above exceptions, physicians may demand payment of the allowed charges before

turning the records over to a patient or other authorized person. The Board of Physicians is empowered to discipline a physician who fails to comply with the requirements of the Medical Records

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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Foot & Ankle Specialist of the Mid-Atlantic to disclose the following information from the Health records of:

Patient Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

_____ SSN: _____

Covering the dates of service: From _____ Through _____

(Date) (Date)

I authorize Foot & Ankle Specialist of the Mid-Atlantic to release the following medical reports. I understand the the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency syndrome (HIV). It may also include information about behavioral or mental health services , and treatment for alcohol and drug abuse.

Please check desired information to be sent :

☐ Complete Record	⇖ X-Ray Reports	⇖ History & Physical
⇖ Lab Reports	⇖ Pathology Reports	⇖ Physical Therapy Reports
⇖ MRI Results	⇖ Vascular Reports	⇖ Abstract of Record (as listed above)

This information is to be disclosed to: _____

_____

_____

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For the purpose of: _____

_____

_____

I understand this authorization may be revoked at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire in one (1) year. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that i may inspect or have copied the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by Federal confidentiality rules.

Foot & Ankle Specialist of the Mid-Atlantic is hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

_____ _____ or _____

(Date) (Patient Signature) (Person Authorized to Consent)

_____ _____ _____

(Date) (Witness Signature) (Relationship to Patient)