



MEDICAL RECORDS POLICY & PROCEDURE

POLICY STATEMENT:

Federal and Ohio regulations provide guidelines for health-care providers (“Providers”) to follow regarding patients’ rights to access of their records. In addition, the Ohio Revised Code (ORC) §3701.74 regulates the fees that Providers can charge for providing medical records to patients.

PURPOSE:

This policy and procedure serves to ensure that based on the amounts set by the Ohio Department of Health¹, Dermatology and Cosmetic Surgery of Dublin, Inc. (DCSD) implements a process that ensures each and every patient is afforded the ability to receive a copy of their medical record upon written request and payment to DCSD.

PROCEDURE:

1. The request for the release of medical records must be in writing using the **Authorization for Medical Records Release** form (“Authorization Form”) that must be fully completed, signed and dated by the patient/ legally authorized representative.
2. Total costs for copies and all services related to those copies will not exceed the sum of the following:
 - \$3.07 per page for the first ten pages
 - \$0.64 per page for pages eleven through fifty
 - \$0.26 per page for pages fifty-one and higher
 - With respect to data recorded other than on paper, \$2.10 per page
 - The actual cost of any related postage incurred by the health care provider or medical records company

Third Party Requestors:

- Search fee of \$18.91
- \$1.24 per page for the first ten pages
- \$0.64 per page for pages eleven through fifty\$0.26 per page for pages fifty-one and higher
- With respect to data recorded other than on paper, \$2.10 per page
- The actual cost of any related postage incurred by the health care provider or medical records company

¹ The Ohio Department of Health (ODH) may update amounts that Providers can charge for providing copies of medical records.

4. Total costs for copies and all services related to those copies is subject to adjustment according to ORC §3701.7421.²
5. All fees must be paid BEFORE records can be released.
6. Records may be retrieved at the administrative desk during normal business hours or the records can be mailed upon request.
7. A copy of the Authorization Form is kept in the patient's medical record.
8. The request for release of medical records is tracked via log or software system and the following information is maintained:
 - Patient name
 - MR #
 - Requested documents
 - Where the records were sent
 - Who the records were sent to
 - Amount charged
 - Date of request
9. A verbal explanation for any denial of access will be given to the patient/legally authorized representative.

My signature below is acknowledgment that I have read, understand and agree to the preceding information:

Patient's Signature *(or Patient's Legal Representative)*

Date

Time

Witness Signature

Date

Time

² To the extent there are changes to the amounts that Providers can charge for providing copies of medical records, this policy shall adhere to the changes accordingly.