



SOUTHERN ORANGE COUNTY PEDIATRIC ASSOCIATES
 "Great Care for Great Kids"

**Request to Inspect and/or Copy
 Protected Health Information**

Patient Name _____

Account # _____ Date of Birth: _____

Patient's Address: _____

Signature of Guarantor: X _____

A reproducible signature is valid as an original

REQUEST FOR PROTECTED HEALTH INFORMATION

- Request to inspect protected health information via electronic medical records system.
 (No charge. Must be done in presence of Office Manager.)
- Request for copies to be made for personal use:
 - School Forms, Camp Forms, Sport Forms, Billing Records- \$5.00 per form
 - Immunization Card Replacements- \$5.00 per card
 - Medical Records- \$5.00 administration fee plus \$.25 per page
- Request for copies to be made and sent out for other reasons:
 - Change of Physician (Non-Referral)- \$5.00 administration fee plus \$.25 per page
 - Medical Insurance Agency- Third party to pay
 - Life Insurance Agency- Third party to pay
 - Referring Specialist- No Charge
 - Attorney Request- \$15.00 if attorney sends copy service
 - Attorney Request- \$5.00 administration fee plus \$.10 per page if SOCPA makes copies

If records need to be sent to an address other than the one listed above,
 please specify:

RECORDS WILL NOT BE FAXED

<p>For Internal Purposes Only</p> <p>Date Requested: _____</p> <p>Date Processed: _____</p> <p>Initials _____</p>
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