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**Patient Authorization for Use and Disclosure of Protected Health Information
Service Fee for Copies of Medical Records**

Patient: _____ Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Name of Person or Health Care Entity to whom records are to be: sent requested from

Name: _____

Address: _____

City/State/Zip Code: _____

Phone/ Fax: _____

Information is to be: Mailed Faxed

Information Requested: Complete Record Pathology Reports Labwork Office Notes

Note: _____

When the information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Rule. You have the right to revoke this authorization at any time, but the revocation is not effective until delivered in writing to Midlothian Dermatology.

Requested by (sign): _____ Date: _____

The service fee to retrieve, copy and send a copy of your medical records is: \$0.50 per page copying charge plus the \$10.00 priority mail cost of postage

There is no charge for faxing medical records to **another physician.**

Fees must be received in advance of mailing records. Fees will be provided to you and can be paid by credit card.

Virginia law states that medical records belong to the treating physician:

§ 54.1-2403.3. Medical records; ownership; provision of copies.

Medical records maintained by any health care provider as defined in § 32.1-127.1:03 shall be the property of such health care provider or, in the case of a health care provider employed by another health care provider, the property of the employer. Such health care provider shall release copies of any such medical records in compliance with § 32.1-127.1:03 or § 8.01-413.

§ 32.1-127.1:03 If an individual requests a copy of his health record from a health care entity, the health care entity may impose a reasonable cost-based fee, which shall include only the cost of supplies for and labor of copying the requested information, postage when the individual requests that such information be mailed, and preparation of an explanation or summary of such information as agreed to by the individual.

Records given to pt: _____ faxed: _____ init/date