



## NOTICE TO PATIENTS

### REQUESTING THEIR MEDICAL RECORDS

- **THERE IS A PROCESSING FEE IF 10 PAGES OR MORE**
  - **Under 10 pages free**
  - **20 page record **example** – CD \$11.24 or Paper \$7.75**
  - **40 page record **example** – CD \$11.88 or Paper \$10.81**
  - **100 page record **example** – CD \$12.72 or Paper \$18.88**
  - **Actually pricing will be based on the processing time associated with the actual page count of the record**
- **These fees are based on an average cost model and are compliant with the Feb 2016 FAQ from the Office of Civil Rights**

## Instructions for Requesting Copies of Your Medical Record

California law (AB610) allows a 15-day turnaround time to process a patient's request for copies of their medical records. Our turnaround time is about 5-7 days depending on the location of your medical records (storage, outpatient department, etc.). In order to provide you with quality service we have hired an outside service, Sharecare Health Data Services, to fulfill your request.

Due to HIPAA and State regulations, we must follow strict guidelines when releasing copies of your medical records. We have provided you with a Packet and instructions to request copies of your medical records. In order to process your request, please complete and submit all of the following in this Packet:

- Consent To Release Medical Information form
- Patient Pay Program form

You may fax, mail or drop off your packet in person to:

- Fax # - 760-631-3016
  - The Neurology Center  
Attn. Medical Records
- 6010 Hidden Valley Road, Suite 200, Carlsbad, CA 92011
  - 1955 Citracado Parkway, Suite 102, Escondido, CA 92029
  - 9850 Genesee Ave, Suite 470, La Jolla, CA 92037
  - 15611 Pomerado Road, Suite 505, Poway, CA 92064
  - 31515 Rancho Pueblo Road, Suite 104, Temecula, CA 92592

For questions regarding the Consent form please call: (760) 631-3000

For questions about the Patient Pay form please call: (800) 560-3800 (Press #2 at the message to connect with Sharecare Customer Service)

Thank you for following these instructions and for your understanding.



### Patient Requests for Medical Records

Dear Patient,

Sharecare Health Data Services (SHDS) is the Release of Information (ROI) service provider for this facility. We will process your request for copies of your medical records. We support patient access to medical records and value your privacy so we deliver your records with industry-leading accuracy and in a secure and efficient manner.

In this process, a representative from SHDS will capture electronic copies of all the information from your record according to the requirements you set in your request for copies. Your personal health information will be encrypted at all times to protect your privacy. We will then deliver these copies to you in the form and format requested wherever possible. The most common delivery methods are printed copies or copies burned to a CD.

There are fees associated with the ROI process that are governed by state and federal guidelines and SHDS adheres to these guidelines. The fees charged are shown below.

Cost Category	Cost for Delivery on CD	Cost for Delivery on Paper
Labor*	Varies based on storage type of original records (paper, electronic or multi-system)	Varies based on storage type of original records (paper, electronic or multi-system)
Materials	\$0.98	\$0.05/pg.
Postage	\$2.66	\$1.63
<b>Example:</b> Multi-system storage 20-page record, mailed to patient	\$11.17 <sup>‡</sup>	\$8.77

**Records 10 pages and under are sent at no charge**

\*Labor is based on categories allowed under OCR Guidance

<sup>‡</sup>Overall cost is less for paper until record exceeds approximately 50 pages due to material and postage costs.

SHDS is dedicated to assist you with access to your medical records and want to do all we can to meet your needs. If you have questions about our services or your bill, please call us at 1-800-560-3800.

Thank you, Sharecare Health Data Services

*\* For non-emancipated minors under the age of 18, a parent or guardian must sign release form. If patient is unable to sign, a copy of the legal documentation for patient’s representative must be supplied with a copy of this form.*

USE THIS AREA FOR PAYMENT OPTIONS, PAY ONLINE, CREDIT CARDS, CHECKS, ETC.



Patient Name: \_\_\_\_\_

Daytime Ph #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip