



Medical Records Request Form For Treatment Purposes

From: Another Facility
To: Covenant Care Pediatrics, P.C.

Fill out this form and send to your child's previous doctor

Date: _____

To: _____
 Practice/Doctor name office phone

 Street Address office fax

 City, State and Zip

Please forward copies of medical records on the patients named below to:
 Covenant Care Pediatrics, P.C.
 130 Medical Way, Suite B
 Stockbridge, GA 30281
 Phone: (770) 389-4543 Fax: (770) 474-0566

Patient Name	Date of Birth

Thank you.

 Signature of Parent or Guardian

 Printed name

HIPPA Notice: According to HIPAA guidelines, patient consent or authorization is **not** required for transfer of records for treatment purposes. A HIPAA-specific request is not required, since not even the patient's permission is required. The Privacy Regulation specifically states that a covered entity "is permitted to use or disclose protected health information" for "treatment, payment, or health care operations," without patient consent. As HHS explains, "treatment" includes "consultation between health care providers regarding a patient and referral of a patient by one provider to another." HHS further states that providing health records to another health care provider for treatment purposes "can be done by fax or other means." §§164.502(a)(1)(ii), 164.506(a), www.hhs.gov/ocr/privacysummary.pdf.

Charges for Medical Records: According to Georgia law, medical practices may charge a fee of \$24.87 for medical records, plus a per-page copying fee, postage, and \$9.07 fee to certify records. Other states may have similar laws. However, when a patient requests a copy of their record, federal law (HIPAA) states that the practice may charge the patient for direct costs (per-page copying and postage) ONLY.