

Patient Request Information Notice

Dear Patient,

Hartgrove Hospital has contracted Midwest ROI to process valid requests for copies of medical records. You must <u>complete</u> a **Release of Information Form** (available online at <u>www.HartgroveHospital.com</u> or in the Medical Records Department).

- 1. If you are requesting the records for **personal reasons**, the fees are as follows: *Basic Abstract Fee:* \$5.00 more than 25 pages \$0.25 per page thereafter for a more detailed record.
- 2. If you are requesting the records to be transferred to another **healthcare facility**, the fees are as follows: Free of charge

Note: You must provide the full address of the healthcare facility, including the city, state and zip code.

3. If you need a copy of your medical records for your **insurance company or an attorney or any other 3rd party or agent**, the fees are as follows:

Basic Fee: \$25.99 and \$0.97 per page for the first 25 pages, \$0.65 per page for pages 26-50, and \$0.32 per page for pages 51+, plus shipping & handling (if applicable).

YOU MAY HAVE TO WAIT 10-15 BUSINESS DAYS BEFORE YOUR REQUEST CAN BE PROCESSED.

PLEASE NOTE

- If patient is under 18 years of age, a parent or legal guardian can sign for the release of medical records. If patient is 12 years of age or older, the patient <u>must</u> sign for their own records.
- If patient is deceased, the next of kin may sign for the patient with identification.
- If patient is unable to sign for their records, the person requesting the records <u>must</u> provide a power of attorney.
- If patient is a female and is under 18 years of age and is pregnant, a parent or legal guardian cannot sign for the patient. Patient must sign for her own records.