



## Patient Medical Record Fee Notice 2025

Dear Patient,

Your healthcare provider has partnered with **CR** (Covenant Records) to process valid requests for copies of medical records. To request your records, a **completed Release of Information (ROI) Form** is required. This form is available at your provider’s office (also available online at [www.HartgroveHospital.com](http://www.HartgroveHospital.com))

Please be advised that all requests for copies of medical records are subject to reproduction fees in accordance with applicable federal and state regulations. By submitting a request, you acknowledge and accept these fees and authorize both your provider and **CR** to process your records request. **Important:** Records will only be released—whether by mail or electronically—once the associated invoice has been paid in full.

### HITECH/Patient Access Requests

For record requests made directly by a patient or their personal representative (for personal use), fees will apply under the HITECH Act. The applicable charges are as follows:

Patient Access Requests (HITECH Rates – Illinois)	Third-Party and Legal Requests (Illinois State Rates)
<p>Fees may include:</p> <ul style="list-style-type: none"> <li>• Flat fee of \$6.50 for up to 300 pages</li> <li>• \$0.02 per page after the first 301 pages</li> <li>• \$6.50 per CD, if applicable</li> <li>• Postage fees, if applicable</li> <li>• \$25.00 certification service fee, if applicable</li> </ul>	<p>Fees may include:</p> <ul style="list-style-type: none"> <li>• \$35.73 handling fee</li> <li>• \$1.34 per page for pages 1–25</li> <li>• \$0.89 per page for pages 26–50</li> <li>• \$0.45 per page for pages 51 and above</li> <li>• \$25.00 per CD, if applicable</li> <li>• \$25.00 certification service fee, if applicable</li> <li>• Actual postage costs, if applicable</li> </ul> <p>Please note: Copying fees are reviewed and updated annually in accordance with the State of Illinois guidelines.</p>

The completed application form should be submitted to your provider using the information below.

**Hartgrove Behavioral Health System**  
**Fax: 773-413-1775**  
**Email: [HartgroveMedRecROI@uhsinc.com](mailto:HartgroveMedRecROI@uhsinc.com)**

Hartgrove Behavioral Health System Attn: Medical Records  
 5730 W. Roosevelt Road  
 Chicago, Illinois 60644

### YOU MAY HAVE TO WAIT 10-15 BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED.

- If the patient is under 18 years of age, a parent or legal guardian can sign for the release of their medical records. If the patient is **12 years of age or older**, they must sign for their own records.
- If the patient is deceased, their next of kin can sign for them with identification, and the requesting party must provide power of attorney.
- If the patient cannot sign their records, the requesting party must provide the power of attorney.
- If the patient is female, under 18 years of age, and pregnant, a parent or legal guardian cannot sign for them. The patient must sign for their own records.