

MEDICAL RECORDS REQUESTS
PLEASE READ ALL OF THE INFORMATION BELOW BEFORE SIGNING

Patients or their representative will be charged \$0.75 per page for copies of the patient's medical records. To obtain medical records the patient or their guardian must fill out a HIPAA compliant medical release form. You must allow 7-10 business days for your request to be processed **no exceptions**. Medical Records requested by your physician, will be free of charge.

****Please note:** Our office does not fax records. You must provide a mailing address for the records to be sent to, if an address is not provided our office will not process the request.

The attached medical release form must be filled out in its entirety, incomplete forms will not be processed.

Our office can/will release the complete health record, which includes the following information to the person, entity, physician, etc. that is listed on the attached release:

- All office visit notes written by our physician/nursing staff.
- All testing reports from testing done in our facility.
- All radiology (written reports only) and laboratory results ordered by our physician/nursing staff.

All records not written/ordered by our physician/nursing staff or done at a facility outside of South Shore Neurologic Associates must be requested by the patient or their representative from the physician/facility where it was performed.

Please note: Section 18 of the New York State Public Health Law states that a patient cannot sign for records that will be produced in the future; therefore the medical release covers the release of information contained in the medical chart up to the date the medical release is signed.

If you have any questions please contact our office at (631)758-1910 X2120.

Thank you,

Medical Records
South Shore Neurologic Associates, P.C.
Fax: (631) 758-1984

I have reviewed and understand the above

Patient/Guardian Signature

Print Name

Date