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**Medical Records Department**

**HSC Health Business Administration**

**Release of Information**

As a patient at HSC Health, you have rights pertaining to your medical records. You have the right to review your record by making an appointment with the Medical Records Department Staff. There are certain types of records that require a physician approval prior to release. These include behavioral health records and some other types of records.

There may be occasions when you, your insurance company, another healthcare provider, and/or others require copies of your records. In most instances, we require a signed authorization form from you to release copies of your records. There are fees associated with copying and transmitting your records that vary depending on the circumstance. Pre-payment of fees is required. Notice of pre-payment is sent after request is received and release is signed. The information below is provided to you to ensure you have been informed of these fees.

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| **Type of Request** | **Time Frame** | **Fees** |
| ***Direct Patient Request*** | Records will be mailed within 10-15 working days from receipt of payment. | *Printed:* $25.00 (first 20 pages), $0.50 per additional page*CD:* $25.00 (1-500 pages), $50.00 (500+ pages) |
| ***Transfer of Primary Care Provider*** | Records will be mailed within 10-15 working days from receipt of signed request. | No fee |
| ***Texas Rehabilitation Commission (TRC)*** | Records will be mailed within 10-15 working days from receipt of signed request. | $18.00  |
| ***Life Insurance Inquiry*** | Records will be mailed within 10-15 working days from receipt of payment. | *Printed:* $25.00 (first 20 pages), $0.50 per additional page*CD:* $25.00 (1-500 pages), $50.00 (500+ pages)*\*Note: In the event the insurance company’s policy prohibits their payment for records, the fee becomes the patient’s responsibility.* |
| ***Health Insurance Inquiry*** | No release required due to initial release signed by patient as part of insurance agreement. | No fee |
| ***Texas Workers Compensation Commission (TWCC) Forms*** | Forms are completed and mailed in compliance with TWCC standards. | $15.00  |
| ***Physician Narrative*** | Mailed within 30 calendar days from date payment is received. | $100.00-$150.00 depending on scope of request and discretion of the physician. |
| ***Depositions*** | *\*Note: Questions regarding depositions should be referred to Office of Clinical Risk Management* | $300.00 per hour, or any portion of fee paid at the time of deposition. An agreement letter stating our fee and policy is sent to the attorney to sign and return prior to scheduling of deposition. |
| ***Record Retrieval Firms***  | Records will be mailed within 10-15 working days from receipt of payment. | *Printed:* $25.00 (first 20 pages), $0.50 per additional page*CD:* $25.00 (1-500 pages), $50.00 (500+ pages) |
| ***Affidavit*** |  | $15.00 |
| ***Rush Requests*** |  | $25.00 |
| ***Public Notary*** |  | $6.00 |
| ***Disability Forms*** |  | No fee unless there are more than 2 requests per month then there is at $10.00 per request fee |
| ***FMLA*** |  | $25.00 |
| ***Patient Request Forms*** | *\*Note: Completion of most forms associated with a patient encounter will be deemed a non-covered service that has been requested by the patient or guarantor. A notice will be provided to patient, indicating that these forms are considered to be a non-covered benefit. Refer to the form entitled “Fees for Completion of Common Forms and Documents” for form type and associated fee.* | $5.00 per page |