



Patient Instructions to Obtain Copies of Medical Records

City of Hope has entered into a partnership with Bactes Imaging Solutions to provide patients and their representatives with the reproduction and delivery of medical record copies, either on paper or on CD. Please carefully review the following information and instructions to expedite your medical records request.

The recent enactment by Congress of the **American Recovery & Reinvestment Act of 2009** combined with a growing number of Federal and State statutes regarding privacy and security of your personal health records has necessitated that City of Hope implement strict procedures when releasing copies of your medical records.

Due to the added operational requirements and growing costs associated with these procedures, including the labor to secure medical records from various sources, it is necessary that Bactes charge a nominal fee to offset some of these increased operating costs. California law (AB610) allows the healthcare provider a 15-day turnaround period to process and send the requested information to you. Depending on the location and complexity in retrieving the medical record, Bactes is typically able to respond within the 15 day mandate.

For your convenience, City of Hope has provided this Medical Record Request Packet which provides information on how to request copies of your medical record, what information will be sent to you and what fees are required to secure your record.

Please complete and submit the following documents to our Release of Information personnel at the Medical Record Correspondence Desk:

- the *Access to Protected Health Information (PHI) Request Form*
- the *Medical Record Payment Form* with \$15.00 prepayment, or \$30.00 for **RUSH** orders

Also, please note the following:

- We **do not** accept payment forms by fax.
- We **do not** accept cash. Only check, money order or credit card is acceptable payment.
- Incomplete or missing information in your Access or Authorization Form may delay the turnaround time of your request. Please use care in completing the Access Form.

You may mail your request packet to the City of Hope Medical Record Correspondence Desk at the address noted below.

City of Hope National Medical Center
Attn: Health Information Management Services
Medical Record Correspondence Desk
1500 East Duarte Road
Duarte, CA 91010

Or, you may drop off your request packet in person at the Medical Record Correspondence Desk, conveniently located at the Outpatient Registration Circle. Our staff can assist you in completing the attached forms and answer any questions you may have about the required information on the Access or Authorization Form.

Should you have questions about the status of your request after submission, please call our Health Information Management office at (626) 256-4673 ext. 62446. Please allow 5 working days to pass before requesting status.

Thank you for allowing us to serve you.

What to Expect When Requesting Medical Records

U.S. and California legislation has been enacted to protect you, the consumer, against those who would fraudulently use your personal information including personal health information contained in your medical records.

Every medical provider has unique processes and procedures in handling the release of information. At City of Hope, we provide a standard set of records and medical information when responding to requests for information which adhere to the strict guidelines mandated by your Federal and State government.

The medical information provided to you documents the care given to you during your treatment and stay at City of Hope. What follows is a summary of the information categories with a brief explanation of what City of Hope provides when fulfilling medical record requests.

IMPORTANT NOTE:

Please be aware that City of Hope, by law, can only release information that you have specifically requested and authorized in the City of Hope Access or Authorization Form, nothing more. If no specific direction is given, City of Hope will provide the last year of pertinent information as defined below.

WHAT IS PROVIDED

- **Discharge Summary:** A clinical report prepared by a physician at the conclusion of a hospital stay. It outlines the patient's chief complaint, the diagnostic findings, the therapy administered and the patient's response and recommendations on discharge.
- **Clinic Notes:** A method of documentation employed by health care providers to write out notes in a patient's chart. At City of Hope, these are dictated.
- **History & Physical (H&P):** A report which documents relevant information regarding the patient's current health condition. Information includes responses to personal and family medical histories and organ system examinations in sufficient detail to manage the patient's present condition.
- **Consultation:** A report documenting the diagnosis, prognosis and treatment of the patient's case.
- **Lab:** All laboratory reports performed during the patient's stay.
- **Radiology:** All radiology reports (CT Scans, MRIs, Ultrasounds, X-rays, and Nuclear Medicine Studies).
- **Radiation Oncology:** All Radiation Oncology studies, consultations and clinic notes.
- **Diagnostic Studies:** EKG's, echocardiograms and reports dealing with the heart (dictated reports only).
- **Surgery / Pathology:** Operative reports which document all aspects of surgery and the findings of any specimens removed and sent for diagnosis.
- **Flowsheets:** Treatment sheets documenting patient chemotherapy or infusion therapy procedures.

Medical Record Payment Form

Date: _____ Medical Record No.: _____ or Date of Birth: _____

Patient Name: _____ Daytime Contact No.: _____

Copy Format: **CD (PDF File)** **Paper**

NO CASH ACCEPTED

Payment Method (to be completed by patient)

- Check, payable to **BACTES** Check No. _____ Money Order, payable to **BACTES**
- Credit Card (MC, Visa, AMEX)

All requesters who choose the credit card option as the form of payment will be contacted directly by BACTES to process payment. You will be sent an invoice to review and be asked to provide BACTES with your credit card number, the expiration date, and the 3 or 4 digit security code, to complete the payment process. Due to the additional process time required, **please allow an additional 4-5 days for receipt of your records.**

Credit Card Preapproval Notice: If the page count exceeds 60 pages, an additional fee of \$.25 per page is required. Please indicate below what preapproved dollar amount is acceptable to charge your credit card if your page count should exceed 60 pages.

Preapproved \$ Amount: _____ Name on Credit Card: _____

Signature of Credit Card Holder: _____ Phone Number: _____

Card Holder Billing Address: _____

Fees for the cost of providing medical record copies:

PLEASE INITIAL

_____ Standard Fee (up to 15 days delivery) - \$15.00 (for the first 60 pages) + \$.25 per page thereafter

_____ Yes No Additional RUSH Fee (delivery within 2-5 days) - \$15.00

For Office Use Only:

Standard Fee: _____ Standard Fee: \$ _____

Additional Rush Fee: _____ Rush Fee: \$ _____

Number of pages in excess of 60 pages _____ @ 0.25 per page Page Fee: \$ _____

Other Processing Fees: \$ _____

Total Page Count _____ Date Patient Notified of Charges: _____ Total Fee: \$ _____

CA CIVIL CODE 123110: California Patient Access to Health Records. Inspection and copying; Paragraph (b) . . . additionally any patient or patient's representative shall be entitled to copies of all or any portion of the patient's records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed \$0.25 per sheet.