

Disclosure Process and Fee Explanation Letter

Dear Patient:

Thank you for allowing Facey Medical Group the opportunity to be your healthcare provider. Please review the following guidelines and instructions to expedite your receipt of your medical records.

As a patient, you have a right to copies of your medical information. In addition, medical records are legal documents that must be maintained by Facey Medical Group.

Under federal and state law, Facey Medical Group or its medical records Release of Information provider, Sharecare Health Data Services, LLC (Formerly BACTES), is allowed to recover certain costs related to making copies of your medical records available to you. The fee we charge is cost-based to include only the labor, materials and postage as allowed by HIPAA and highlighted by the Omnibus Final Rule. The requested output method will impact the cost to you. For all but very small records (<10 pages), CD delivery will cost less than printed records so please indicate your preference. As an example, including labor, materials and postage, a 40 page record would cost \$10.42 on CD and \$11.84 on paper.

Please fill out the attached authorization form completely and submit via fax, email or mail.

Request by Fax: (818) 743-5343

Request by Email: roirequests@facey.com

Request by Mail: Facey Medical Group
Attn: Release of Information Department
11333 N Sepulveda Blvd
Missions Hills, CA 91345-1196

An invoice will be sent within 5-7 days of receipt to the address on your request. Invoicing information may be reviewed sooner by calling customer service below. This fee can be remitted by Check or Credit Card.

Pay by Phone: (800) 560-3800 Press #2 for Customer Service – Leave message for call back if no live contact

Pay by Mail: Sharecare Health Data Services (HDS)
8344 Clairemont Mesa Blvd. Suite 201
San Diego, CA 92111

Pay Online <https://hds.sharecare.com/>
Click on Record Access - <https://hds.sharecare.com/customer-service-support/>
Enter your email address for Receipt – Invoice # - Amount of Invoice

Your request will be fulfilled upon payment. For questions, please contact Sharecare HDS at (800) 560-3800 #2 for Sharecare HDS Customer Service or Facey Medical Group Medical Records Department at (818) 837-5668

Thank you again for your confidence Facey Medical Group

DO NOT SCAN

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Attention: Release of Information Department
Office (818) 837-5668 **Fax** (818) 743-5343 **Email** roirequests@facey.com
Drop Off Only 11333 N. Sepulveda Blvd
 Mission Hills, CA. 91345

Type of access requested: (If selecting more than one (1) option, additional charges may apply)

- Paper copy of records
- CD Copy
- Inspection of records (by appointment only - allow 5 business days)
- Radiology CD
- Transfer Request (12 months of visits will only be provided)

I request access as the Patient Parent/Guardian Medical Power of Attorney
(Proof of legal documentation is required)

Name of Patient <i>(Please print clearly)</i>	AKA	Date of Birth (____) ____
Address	City State	Zip Code
		Contact Number

Please **SEND** medical information **TO:**
(Check if same as above)

Please **REQUEST** medical information **FROM:**
(To be used when requesting outside records to come to Facey)

Name of Person or Entity to Receive Information	Name of Medical Office/Provider
Street Address	Street Address
City, State and Zip Code	City, State and Zip Code
Telephone	Telephone Fax Number

Duration: This authorization will expire 12 months from the date signed.

Revocation Process: I understand that I may refuse to sign or may revoke (at any time) this authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of my treatment at Facey Medical Group.

Right to Copy: I have a right to receive a copy of the Authorization after I sign it.

Re-Disclosure Statement: I understand that once Facey Medical Group discloses my health information to the recipient, Facey Medical Group cannot guarantee that the recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable law governing the use and disclosure of my health information.

General medical records may include information of diagnosis and / or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Records also may include Images, information and treatment of mental illness, the use of alcohol, drugs and tobacco, but excludes Behavioral Health notes.

Check the box and indicate which type of information is to be released

- All General Medical Information from _____ to _____
- X-ray Ultrasound (check what is needed): from _____ to _____ Reports CD (\$18.)
 (CD Format requires 72 hours processing time) (Excludes Mammography Images-See Radiology Department)
- Bone Density Test
- Laboratory results from _____ to _____
- Behavioral Med **Only** from _____ to _____
 (**Behavioral Health**) Signature of Patient or Patient's Representative
- Immunizations
- Information regarding specific injury or treatment (Specify):

- Transfer of Care (Last 12 months sent courtesy) Fee's will apply for additional records.

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize Facey Medical Group to use or disclose my health information in the manner described above.

 Date Signature of Patient or Representative Indicate Relationship (if not signed by patient)

There are no pick-ups; your medical record request will be mailed to the address provided.

OFFICE USE ONLY	
Request processed by: _____ / _____ <small>Approved by(Please print) (Signature)</small>	Date: _____
Released by: _____ / _____ <small>Approved by(Please print) (Signature)</small>	Date: _____
If denied state reason why: _____ _____ / _____ <small>Denied by (Please print and sign)</small>	Date: _____
Sharecare HDS Use Only (Sharecare HDS copied date stamp) →	