

Release of Medical Records

As a patient of Kleinert Kutz, you are entitled under Federal law to access your personal protected health information maintained in a "designated record set." In order to process your request for access to this information, please complete this form and submit it to the Legal Medical Records Clerk. Once received, we will use the information to verify the identity of the person making the request and then process the request. All requests will be processed within the time frame as allowed by law. If you have any questions, please contact the Privacy Officer at Kleinert Kutz at 225 Abraham Flexner Way Suite 700 Louisville, Kentucky 40202.

Patient Name: _____ Birth Date: _____

Date of Request _____ SS#: _____

Access Method

You have the right to view your protected health information, obtain a copy of the information, or both. Please indicate below whether you wish to view the information only, obtain a copy, or both. If you select "copy", please indicate your method of delivery.

I would like to view my protected health information. I will have to schedule an appointment with Kleinert, Kutz and Associates Hand Care Center PLLC to view my health information. I understand Kleinert, Kutz will have a staff member with me as I review my health information. I may not change, alter, copy or remove any part of my health information while at the review. Currently, Federal and State laws allow thirty (30) days to respond to all medical record requests if the information is stored at Kleinert, Kutz and Associates Hand Care Center PLLC, and sixty (60) days if the information is stored off site.

I would like to have a copy of my protected health information. I understand that Kleinert Kutz may charge me a fee for the copies as set forth in applicable state and Federal laws. I also understand that I may be required to pay the fee in full before I can obtain the copy. I have selected my delivery method below (if none is selected, I will make an appointment to pick up the copy at the practice):

I will return to Kleinert Kutz when I am notified the copy is ready.

I would like Kleinert Kutz to send the copy via the U. S. mail to the following address:

I understand that Kleinert Kutz may charge me all applicable postage fees.

I would like Kleinert Kutz to provide to me an explanation or summary of the information provide me an explanation or summary of the information provided. I understand that Kleinert Kutz may charge me all applicable fees for the explanation or summary, and that I will be required to pay all fees in full before I can obtain the explanation or summary.

I understand that Kleinert Kutz is given thirty (30) days to process my request for access if my information is maintained on site, and sixty (60) days if the information is maintained off site, and that Kleinert Kutz may extend the deadline by an additional (30) days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my "designated record set" as defined in section 164.501 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

Signature of patient or designated Representative

Date

Guidelines: Charges and cost for copying medical records

Patients are entitled to one free copy of their medical records.

Additional copies are charged at:

Workers' Compensation:

\$0.50 (fifty cents) per page

\$5.00 (five dollars) per film for radiology films (xrays)

Postage and a \$10.00 certifying fee (if necessary) will also be charged

Patients, attorneys, and non Workers' Compensation will be charged:

\$1.00 (one dollar) per page

\$5.00 (five dollars) per film for radiology films (xrays)

Postage and a \$10.00 certifying fee (if necessary) will also be charged

Copies of medical records must be prepaid before the records are copied.