SUMMIT MEDICAL GROUP

contracts with

to process requests for copies of medical records.

The release of patient protected health information (PHI) is governed under Federal and Tennessee state statutes. Requests for information can be granted only with a valid authorization.

Below are the fees that will be charged based on Tennessee state statutes and HIPAA Privacy Rule 45 CFR 164.524.

$ .50 per page for pages 1-20
.25 per page for pages 21 +
+ applicable tax and postage cost

By my signature below, I acknowledge that I am aware of the fee for copies of medical record. I agree to pay this fee when I receive an invoice from ***HealthPort.***

NAME:_____ PHONE #: (____)_____

ADDRESS:_____
Street City State Zip

SIGNATURE:_____ DATE:_____

QUESTIONS?? PLEASE CALL 865-212-2293 or 2294.