

**Your Rights:**

I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect the use or disclosure of my protected health information for purposes of treatment, payment or health care operations. I may inspect or copy any information used/disclosed under this Authorization. (NOTE: Inspection and copying is not required if the disclosure is made directly to the patient.)

*I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.*

I understand that I may revoke this limited Authorization in writing at any time at the address found below, except to the extent that action has been taken in reliance on this Authorization. This Authorization is in effect until revoked by me or until it expires under applicable laws.

X \_\_\_\_\_  
Signature(Patient, parent of a minor, legal guardian  
or personal representative\*)

\_\_\_\_\_ P  
Date

\_\_\_\_\_  
Relationship to the patient

\_\_\_\_\_  
Signature of Workforce Member (Witness)

\_\_\_\_\_  
Date

\*If personal representative, a copy of the Letter of Authority from Probate Court is necessary. If legal guardian, a copy of the Court Order appointing the guardian is necessary.

**Fees apply to all requestors not listed under statutory fees:**

- \$21.20 retrieval fee/initial fee
- \$ 1.06 per page for the first 20 pages
- \$ .53 per page for pages 21 through 50
- \$ .22 per page for pages 51 and over
- \$ 1.25 per page for all microfilm/microfiche pages

Postage and shipping costs.

Patient requesting records for personal use will not be charged a retrieval fee/initial fee.

A medically indigent individual that receives copies of medical records at no charge is limited to 1 set of copies. You must provide proof that you are a recipient of assistance.

**Statutory fees:**

- Worker's Compensation: \$.25 per page; \$7.00 handling; actual cost of mailing/postage
- Disability Determination Services/Social Security: \$15.00 FLAT FEE
- Department of Social Services: 1-5 pages \$5.00; 6 or more pages, \$.25 per page;
- Postage/shipping
- Continuing care requests: No charge

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