

# Medical Record Request

Because your medical records are confidential, we will release them only if we have a signed Authorization to Use or Disclose Protected Health Information form from the patient or guardian (forms are available at any of our 3 clinic locations).

Medical Record Requests are handled in the order they are received. It is our goal to complete a medical records request within 7 days of receipt. Please indicate if you need your records by a specific date. All attempts will be made to achieve your request. Please be aware – we can not guarantee your request will be completed by that date.

There is a charge if you wish to pick them up or have them sent to you. Though you may have Sinus Center – Idaho and/or Allergy Clinic - Idaho fax or mail them to a new physician at no charge. You would need to supply us with the new doctors mailing address or fax number.

## Fees:

Hard Copy: \$15 for the first 1-10 pages  
\$0.10 each additional page

CD (saved as PDF): \$10

CT Scan: \$5 per CT scan disk

Please indicate the format you will need your CT scan.

\_\_\_\_\_ DiCom Images

\_\_\_\_\_ DiCom Viewer

