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### **Medical Records Copying Fee**

On October 1, 1994 the law allowing physicians to charge specific sums for preparation and production of medical records went into effect. This law is codified in Maryland law at Health General Article § 4-304(c)(3). According to the law, the fees may be adjusted annually for inflation using the Consumer Price Index on July 1st of each year. The statute does not designate an entity to compute the increases. However, the Maryland Board of Physicians (MBP) has provided FASMA with its calculation of what the adjusted rates should be. The adjusted rates for medical record copying as announced by the MBP are as follows:

- A preparation fee of \$22.88 (**this fee may not be charged to patients**),
- Plus a copying charge of \$.76 per page;
- Plus actual cost of shipping and handling

More information on the Consumer Price Index can be found at <http://www.bls.gov/cpi/>.

The following rules continue to apply:

- No fee may be charged to transfer the records of a Medicaid recipient to another provider
- A practitioner may not withhold medical records because of unpaid fees for medical services
- The records may not be withheld under an emergency request from a state or local governmental unit concerning a child protective services or adult protective services case pending payment
- A physician should not withhold records that have been subpoenaed pending payment of copying and preparation charges but may bill any non-governmental entities subpoenaing records

FASMA uses electronic medical records systems and understands the change in HIPAA medical records privacy rules. As of February 17, 2010, if a medical practice is using an electronic medical records system, they must provide a patient requesting their medical record with a copy in electronic format, if the patient so requests. The charge for the copy provided can be no more than the actual labor costs incurred by the practice in responding to that request.

FASMA patient records should not be withheld from another health practitioner pending payment of the copying fees if to do so would hinder an ill patient from receiving needed medical attention.

Consistent with the above exceptions, physicians may demand payment of the allowed charges before

# **Foot & Ankle Specialists** *of the* **Mid-Atlantic**



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turning the records over to a patient or other authorized person. The Board of Physicians is empowered to discipline a physician who fails to comply with the requirements of the Medical Records



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Foot & Ankle Specialist of the Mid-Atlantic to disclose the following information from the Health records of:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_

Covering the dates of service: From \_\_\_\_\_ Through \_\_\_\_\_  
(Date) (Date)

I authorize Foot & Ankle Specialist of the Mid-Atlantic to release the following medical reports. I understand the the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency syndrome (HIV). It may also include information about behavioral or mental health services , and treatment for alcohol and drug abuse.

**Please check desired information to be sent :**

- |                                          |                                            |                                                                  |
|------------------------------------------|--------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Complete Record | <input type="checkbox"/> X-Ray Reports     | <input type="checkbox"/> History & Physical                      |
| <input type="checkbox"/> Lab Reports     | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Physical Therapy Reports                |
| <input type="checkbox"/> MRI Results     | <input type="checkbox"/> Vascular Reports  | <input type="checkbox"/> Abstract of Record<br>(as listed above) |

**This information is to be disclosed to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

