

**HIRSCH PEDIATRICS  
REQUEST FOR MEDICAL RECORDS**

I am requesting the following information be copied (check one):

- Basic records request\*\*** including all of the following documents:
- Continuity of Care Document (CCD)
  - most recent well-child exam
  - growth charts
  - recent lab/radiology results (if applicable)
  - recent consult notes (if applicable)

only the following documents: \_\_\_\_\_

Reason for records request:

- switching practices
- other reason: \_\_\_\_\_

If switching practices, reason for switching practices:

\_\_\_\_\_

When the records are available, please (check one):

- notify me and hold them for pick-up
- mail the records to the following address

\_\_\_\_\_

\_\_\_\_\_

I understand and agree that I am financially responsible for any fees associated with my request including the cost of supplies, labor, and postage. However, I will be notified of any applicable fees prior to the records being copied.\*\*

\*\* Note: **Hirsch Pediatrics does not charge for the basic records request.** If requested in writing and for an additional charge noted below Hirsch Pediatrics can provide additional records at the standard medical record fee per Maryland law:

- A fee for copying not to exceed .76 cents for each page of the medical record, and
- The actual cost of postage and handling.
- Preparation fee of \$22.88, if the records are sent to another provider. The federal HIPAA regulations do not allow a charge for a preparation fee for records provided directly to the patient.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient(s) Name

\_\_\_\_\_  
Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian