

**HIRSCH PEDIATRICS  
REQUEST FOR MEDICAL RECORDS**

**I am requesting the following medical records (check one):**

**Basic records request (no additional fee) \*\*** 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)

Other request (may incur additional fee noted below)\*\* \_\_\_\_\_

**Reason for records request (check one):**

switching practices and reason for switching:

\_\_\_\_\_

other reason: \_\_\_\_\_

**When the records are available (check one):**

**Please upload records to my portal (no additional fee).**

Other request (will incur additional fee noted below)\*\*

\_\_\_\_\_

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 and for records that are uploaded to your patient portal.** If requested in writing and for an additional fee noted below Hirsch Pediatrics can provide additional records at the standard medical record fee per Maryland law as well as send records to another provider or provide paper copies:

- A fee of .57 cents for each page of the medical record, and
- The actual cost of postage and handling, and
- 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