



LEARNING TO ACHIEVE WELLNESS

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Medical Records Request & Authorization for Release of Health Information

Instructions: Please complete all sections. Incomplete, unsigned, or unclear requests may delay processing. Government-issued photo identification and documentation of legal authority may be required before records are released.

Patient Portal Notice: Many commonly requested items may already be available through the patient portal at no charge, including visit summaries, medication lists, laboratory results, appointment history, and provider notes when available. Patients are encouraged to check the portal before requesting printed copies.

1 PATIENT INFORMATION

Patient Name _____ Date of Birth _____
Email _____ Phone _____
Street _____
City, State, Zip _____

2 REQUESTER INFORMATION

Name of Requester _____
Organization _____
Email _____ Phone _____

Relationship to Patient / Type of Requester

- ☐ Self / Patient ☐ Parent or Legal Guardian ☐ Healthcare Surrogate / POA
☐ Personal Representative ☐ Attorney ☐ Insurance Company
☐ Government Agency ☐ Healthcare Provider ☐ Employer
☐ Disability Carrier ☐ Court / Subpoena
☐ Other _____

3 RECORDS REQUESTED

- ☐ Complete Medical Record ☐ Psychiatric Evaluation(s) ☐ Medication Notes
☐ Therapy Progress Notes ☐ Attorney ☐ Laboratory Results
☐ Diagnostic Testing ☐ Medication List ☐ Treatment Plan
☐ Billing Records ☐ Billing Records

☐ Other _____

Date Range Requested _____

Special notice: Psychotherapy notes, substance use disorder records protected by 42 C.F.R. Part 2, court-protected records, or other specially protected information may require additional authorization or may not be releasable except as permitted by law.

4 PURPOSE / REASON FOR REQUEST

- ☐ Personal Use ☐ Continuity of Care ☐ Insurance ☐ Legal Matter
☐ Disability ☐ Employment ☐ School ☐ Government Request
☐ Other _____

5 DELIVERY METHOD

- ☐ Personal Use ☐ Secure Electronic Copy ☐ Paper Copies ☐ Mail
☐ Pick Up ☐ Fax

Email for delivery _____ Fax _____

Street _____

City, State, Zip _____

Person Authorized to Pick Up Records - valid government-issued photo ID required

Name _____ Relationship _____

Phone _____

6 FEES & PAYMENT POLICY

Learning To Achieve Wellness strives to provide timely access to health information while complying with applicable federal and Florida law. The fees below are the standard fee schedule used by the practice unless reduced, waived, or modified as permitted by law.

Requester / Record Type	Standard Fee / Notes
Patient - Paper Records Private practitioner records requested by the patient or legally authorized representative.	\$1.00 per page for the first 25 pages. \$0.25 per page for each additional page.
Patient - Electronic Records Qualifying patient-directed electronic copy of PHI.	Up to a \$6.50 flat fee when permitted under HIPAA guidance. Actual electronic media cost may apply if records are placed on CD, DVD, USB, or other media.e.
Attorney / Law Firm / Third-Party Requests Requests by authorization, subpoena, court order, insurance, employer, disability carrier, government agency, or other third party.	\$1.00 per page for the first 25 pages; \$0.25 per page thereafter. Attorney search/retrieval fee: \$25.00 when permitted by law. Rush processing/send fee: \$25.00 when available. Certification, postage, shipping, and media costs may also apply.
Continuity of Care Records requested by another licensed healthcare provider.	Fees may be reduced or waived at the discretion of Learning To Achieve Wellness, especially when release supports ongoing treatment or patient safety.
Non-Paper / Special Media.	Actual cost of duplication may apply for imaging, CDs/DVDs, USB drives, photographs, or other specialized media..

Payment: Payment may be required before records are released unless otherwise prohibited by law. Accepted payment methods may include cash, credit card, check, or money order as approved by the practice. Rush processing: Rush processing/send is available only when feasible and subject to staffing, record availability, verification requirements, and legal review. Payment of a rush fee does not guarantee same-day or next-day completion.

7 PRACTICE DISCRETION / RIGHT TO WAIVE FEES

The fees listed in this form represent the standard fees that may be charged under this policy and applicable law. Learning To Achieve Wellness reserves the right, in its sole discretion, to reduce, waive, or decline to charge any copy fee, electronic record fee, search/retrieval fee, rush processing fee, certification fee, postage, shipping charge, or other allowable fee whenever the practice determines it is appropriate. Examples may include continuity of patient care, financial hardship, governmental or regulatory requests, requests made in the interest of patient safety, provider-to-provider transfers, goodwill or customer service considerations, or any other circumstance deemed appropriate by Learning To Achieve Wellness management. The decision to waive or reduce fees in one circumstance does not obligate the practice to waive fees in future requests.

8 LEGAL NOTICE

Learning To Achieve Wellness complies with the Health Insurance Portability and Accountability Act (HIPAA), the HITECH Act, Florida Statutes Sections 456.057 and 395.3025, Florida administrative rules applicable to medical record reproduction charges, and all other applicable federal and Florida laws governing confidentiality, access, maintenance, and release of protected health information. Patient-directed requests for electronic copies may be subject to HIPAA reasonable, cost-based fee requirements, including the HIPAA-permitted flat fee for qualifying electronic copies. Requests submitted by attorneys, insurance companies, employers, government agencies, or other third parties are not automatically subject to the HIPAA electronic flat fee and may be assessed applicable Florida statutory copy fees and other lawful charges. Nothing in this form shall be interpreted to limit or expand any rights afforded under federal or Florida law. In the event of any conflict between this form and applicable law, Learning To Achieve Wellness will comply with the governing law in effect at the time of the request.

9 AUTHORIZATION

I certify that I am the patient or the patient's legally authorized representative. I authorize Learning To Achieve Wellness to release the records described in this request to the person, entity, or delivery destination identified above.

I understand that

- ☐ applicable copy fees may apply.
- ☐ government-issued identification may be required.
- ☐ I may be revoke in writing before records are released.
- ☐ records may contain sensitive behavioral health information.
- ☐ some information may be protected from disclosure by federal or state law.
- ☐ incomplete forms may delay processing.

Patient / Legal Representative Signature

_____ Date: _____

Printed Name _____

Relationship if not patient: _____