

**FAYETTEVILLE UROLOGY ASSOCIATES**

**CHARGES FOR COPIES OF MEDICAL RECORDS**

You or your legally authorized representative may have a copy of your medical/financial records. We will not be able to give you a copy of your medical records immediately; however, we will process the request as promptly as possible. Our fee to cover the costs incurred in searching, handling and copying medical records are as follows: seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26-100, and twenty-five cents (25¢) for each page in excess of 100 pages, with a minimum fee of \$10.00.

We will release the information in person, by regular mail, or by fax unless you direct us not to do so. Other than the uses and disclosures described in our Notice of Privacy Practices, we will not use or disclose medical information about you without your, or your authorized representative's, written authorization (or signed permission) or as required by law.

We will honor this consent for two (2) years, after which you must renew your authorization. You may change or revoke this consent, in writing, at any time; however, we cannot be responsible for information released prior to the revocation date.

**CHARGES FOR COMPLETION OF FORMS**

We require payment for the completion of forms you ask us to complete on your behalf. There will be a \$15.00 charge per form for most forms; however, charges may vary depending on the duration of physician involvement and time. The physician completing the form determines the charge. There is a \$25.00 fee for FMLA forms. Payment is required before the forms are released. Forms are completed for patients whose accounts are in good standing. Outstanding balances must be paid before forms are released.

Blank forms will not be accepted. Make sure all of the patient's information has been completed. Do not complete the section(s) of the form that are required to be completed by our office. We are not obligated to complete forms but do so as a courtesy to you. We reserve the right to refuse to complete any forms.

We make every effort to complete forms within 7 business days; however, they may take up to 10 days due to the physician's schedules. Please submit your form for completion well in advance of when it is needed. Our office will call you when the forms are ready to be picked up.

**CONSENT TO DISCLOSE**

Federal and state laws prohibit Fayetteville Urology Associates from discussing your medical/financial information with your family. Please list below anyone we may speak with:

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

Relationship to patient (please circle)   Spouse   Child   Parent   Other

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (PRINT)

\_\_\_\_\_  
FUA Chart #