

*Mountain View Internal Medicine & Pediatrics*  
*15195 Heathcote Blvd Suite 330*  
*Haymarket, VA 20169*  
*Phone: 571-248-0167 Fax: 571-248-0173*

**Authorization For Release Of Medical Information**

Patient's Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Pursuant to Privacy Rule 164.524 I hereby request a copy of my medical record or other recorded Protected Health Information (PHI). I understand that the practice has up to 30 days to comply with this request.

Mail a copy of the records requested to me at the above address

Mail a copy of the records requested to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Release a copy of the records requested to my authorized representative:

\_\_\_\_\_

I agree to pay the reasonable cost of copying of \$\_\_\_\_\_ per page for documents and \$\_\_\_\_\_ per x-ray and the cost of mailing the aforementioned records. I agree to pay the total estimated costs for these services prior to mailing.

The total cost is estimated to be \$\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

**FOR PRACTICE USE ONLY**

**Patient's Request to Inspect and Copy Medical Record  
or other recorded Protected Health Information (PHI)**

**Action Taken:**       **Granted**     **Denied**

**Reason for Denial (*if applicable*)**

- Access is likely to endanger the life or physical safety of the individual or another person
- Psychotherapy note
- The information is compiled for use in a civil, criminal or administrative action or proceeding
- Other

**Date Request Received** \_\_\_\_\_

**Date Payment Received** \_\_\_\_\_

**Date Request Fulfilled** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Fulfilled By:** \_\_\_\_\_

# Virginia

## [Va. Code Section 8.01-413 \(2003\)](#)

A reasonable charge may be made for the service of maintaining, retrieving, reviewing and preparing such copies. Except for copies of X-ray photographs, however, such charges shall not exceed:

- fifty cents per page for up to fifty pages
- twenty-five cents a page thereafter for copies from paper or other hard copy generated from computerized or other electronic storage, or other photographic, mechanical, electronic, imaging or chemical storage process
- one dollar per page for copies from microfilm or other micrographic process plus all postage and shipping costs and a search and handling fee not to exceed ten dollars.
- Copies of hospital, nursing facility, physician's, or other health care provider's records or papers shall be furnished within fifteen days of such request.

## [VA Code § 32.1-127.1:03. Health Records](#)

If an individual or his agent/attorney requests a copy of his own medical records, the health care entity may impose a reasonable cost-based fee, which shall include the cost of supplies for and labor of copying the requested information, as well as postage where applicable.