

CANDLEWOOD PEDIATRICS & ADOLESCENT MEDICINE
300 Candlewood Commons, Howell , NJ 07731
Tel-732-370-9600 Fax- 732-370-9656

RELEASE OF^PMEDICAL RECORDS POLICY

- 1- Medical record requests must be submitted in writing. The *Candlewood Pediatrics Medical Records Release Form* should be completed whenever possible. The following must be provided prior to release of any records:
 - Name of Patient
 - Name of Requesting individual
 - Requesting Individual's relationship to Patient
 - Statement of legal guardianship
 - Specifics regarding exact records requested
 - Reason for request
 - Individual to and Address where records are to be forwarded
 - Payment, when applicable
- 2- At time of request, or prior to provision of any medical records, proof of identification should be obtained whenever possible i.e. when requests are made in person.
- 3- Parents with legal guardianship, or other legal guardians may request records for those patients UNDER age 18 only. They do not have the right to records regarding sexual health, alcohol or substance abuse, emotional/psychological issues or in the case of emancipated minors.
- 4- Individuals age 18 and over may request their own medical records.
- 5- Routine requests for medical records as occurs when patients leave the practice should include the following information:
 - Summary sheet to be completed by MD
 - Growth Curve
 - Vaccination Record
 - Letters from sub specialists, laboratory results, reports of any studies/imaging
 - Listing of office visits and diagnosis

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- UNDER NO CIRCUMSTANCES MAY THESE BE RELEASED UNTIL THE PHYSICIAN SIGNS OFF ON THE PACKET AND COMPLETES THE SUMMARY SHEET. PHYSICIANS SHOULD BE SURE THAT THE INFORMATION IS COMPLETE AND SCREEN FOR ANY SENSITIVE OR CONFIDENTIAL MATERIAL.

- 6- Although we are obligated in most cases to accommodate medical record requests, release of specific treatment notes or visit notes must be approved by the Physician/s involved. Physicians should be particularly careful in these cases to protect adolescent patient confidentiality. Medical Records requests will be assessed the following fees to offset photocopying and personnel costs:
 - \$10.00 total for first 10 pages
 - \$ 1.00 per page for each additional page after 10, not to exceed \$100 total

Exceptions:

IMMUNIZATION RECORDS may be released to a parent or guardian without written request and without Physician approval.

In the case of a **MEDICAL EMERGENCY** where the patient or guardian is unable to authorize release of medical information or when time does not permit obtaining such a release, needed information will be released so that a sound determination of appropriate emergency treatment may be rendered. The name and professional title of requestor must be documented in the medical record. If in doubt as to authenticity of the caller, call the facility back for proper identification and then release the requested information, only after Physician approval.

There shall be **NO CHARGE** for medical records requested for pediatric patients whom are deceased.