

# Authorization To Release Medical Records

Date \_\_\_\_\_

RE: Patient Name \_\_\_\_\_

Dear Dr. \_\_\_\_\_ (Physician Name) \_\_\_\_\_ (Date of Birth)

Please release a complete copy of medical records for the above referenced patient.

Approximate Dates of Treatment \_\_\_\_\_ to \_\_\_\_\_

Please mail records to the following address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you.

\_\_\_\_\_  
(Signature of Patient/Authorized Representative)

I understand that based upon current NJ State Law:

- Physicians are required to maintain medical records for only seven years, after which they may be destroyed. There is no requirement in the law that requires the physician to notify a patient prior to destroying the records.
- Physicians must provide patients with a copy of their medical records within 30 days of receiving a written request.
- Physicians may charge up to \$1 per page or \$100 for the entire medical record, whichever is less. \$10 may be charged for any record up to 10 pages. Copies of photographs will be provided at the actual cost to reproduce them.
- Physicians may not refuse to release a copy of your medical record if it is needed for ongoing medical care by another health care provider, even if you owe money for the medical services the physician has provided.