

Getting a Copy of Your Medical Record Information Frequently Asked Questions (FAQ's)

The Release of Information Department of Harvard Vanguard Medical Associates has trained professionals who manage your health information and medical record. Frequently asked questions and answers are listed below. If you have any additional questions, please contact our Release of Information Department during our normal hours of operation.

Hours of Operation

- Monday – Friday: 8am – 4pm
- Closed Weekends and Holidays

Mailing Address

This location is not accessible to patients

Release of Information Department
Harvard Vanguard Medical Associates
152 Second Avenue
Needham, MA 02494
Tel: 617.629.6425 Fax: 617.629.6223

Frequently Asked Questions

Q. How can I obtain a copy of my medical record?

A. You must submit a written request or ‘Authorization to Release Medical Records’ form to us at the address above. This form is available on our website: www.harvardvanguard.org or you may pick up copy from any Harvard Vanguard practice site. If you prefer, you may write a letter authorizing us to release a copy of your medical record. The letter must include your name, date of birth, phone number, specific information you are authorizing for release, and the person/organization to receive the information along with their address. The authorization form/letter must be signed and dated by the patient or the patient’s guardian/legal representative. Please mail your request to the address noted above.

Q. Is there a cost to obtain a copy of my medical record?

A. Yes, there is a charge to obtain a copy of your medical record, and it is based on the following: the information requested, the number of pages reproduced, and postage. Harvard Vanguard charges this fee in accordance with Massachusetts law (MGL Chapter 111; Section 70). The current fee for each medical record copy is \$18.60 clerical fee, plus \$.63 per page for the first 100 pages, \$.33 per page for any pages over 100, plus postage.

Alternatively, you may request an ‘abstract’ of your medical record, which contains immunizations, two (2) years of office visits and labs, and five (5) years of radiology and diagnostic reports. The maximum fee for an abstract is \$25. The abstract is often sufficient to meet the need of many requests.

Q. How can I submit my payment?

A. You will receive an invoice from our copy service, Bactes, shortly after we receive your request; payment must be received prior to the release of records.

Q. How soon can I expect the release of my medical record to be completed?

A. Processing time varies depending on the type of request. Routine requests are usually prepared within seven business days and mailed upon receipt of payment. Please feel free to call our Release of Information Department at (617) 629-6425 to discuss your individual medical record request needs.



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Medical Record Department
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Authorization to Release Medical Records

Patient's Name: (Please Print) Date of Birth:

Address: Street City State Zip Telephone No.

I hereby authorize Harvard Vanguard Medical Associates to release protected health information, including copies of the medical record of the above-named patient, to the following person or facility:

Name of Person or Facility Telephone No.
Street City State Zip

Purpose of Release: Medical Care Legal Insurance Personal Leaving HVMA* Other:

*If leaving Harvard Vanguard please check reason(s):

- Insurance change Moved/planning to move Location/wanted some place closer Couldn't get an appointment My provider left
Couldn't get a referral to a specialist I wanted Dissatisfied with care/service received (please explain on reverse)

Information to be released Please refer to the Frequently Asked Questions (FAQ) sheet for information regarding fees

Requests for Pharmacy, Dental, Radiology Images/Films and Billing information must be made directly to each of those Departments.

- Office visits to Specific clinician(s):
Lab Results to Radiology Reports to
Abstract (Includes immunizations, 2 years of office visits and labs, and 5 years of radiology and diagnostic reports) Immunizations only
Other (please be specific):

Release of Information Requiring Specific Consent: The following categories of information may be included in your medical record and WILL NOT be released unless you indicate your specific authorization by initialing each appropriate category.

- Abortion Behavioral/Mental Health HIV/AIDS Results/Treatment
Alcohol/Drug Abuse Domestic Violence Rape/Sexual Assault
Genetic Testing Sexually Transmitted Diseases



Please confirm that you have initialed all categories of information that you would like released.

I understand that:

- I may refuse to sign this authorization. I understand that my refusal will not affect my ability to obtain treatment at Harvard Vanguard unless (a) the only purpose of the treatment is to create health information for the disclosure listed above; or (b) if my treatment is related to participation in a research study for which this authorization is required.
I may revoke this authorization at any time by submitting a written notice of revocation to Harvard Vanguard at the address listed above. The revocation will be effective upon Harvard Vanguard's receipt of my written notice, except that it will not have any effect on any action already taken by Harvard Vanguard in reliance on this authorization.
Once Harvard Vanguard has disclosed my health information to the recipient, Harvard Vanguard cannot guarantee that the recipient will not redisclose my health information to a third party.
This authorization will automatically expire 90 days from the date set forth below unless otherwise specified: (Date of expiration)

Signature of Patient or Authorized Representative

Date

Printed Name of Patient or Authorized Representative

Relationship to Patient

THIS AUTHORIZATION MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL NOT BE PROCESSED!