

## 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: 7:30am-3:30pm
- 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](http://www.harvardvanguard.org) (www.harvardvanguard.org/phys/infoYrAppt.asp) 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.

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#### **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 cost-based 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, plus postage. The abstract is often sufficient to meet the need of many requests.

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#### **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.

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#### **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.



**Release of Information**  
 Medical Record Department  
 152 Second Avenue  
 Needham, MA 02494  
 Tel: 617-629-6425 Fax: 617-629-6223  
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**Authorization to Release Medical Records**

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

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Street City State Zip

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): \_\_\_\_\_  
(Please specify a date range) (Otherwise, all visits with all HVMA clinicians during the period will be released)
- Lab Results \_\_\_\_\_ to \_\_\_\_\_  Radiology Reports \_\_\_\_\_ to \_\_\_\_\_  
(Please specify a date range) (Please specify a date range)
- 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!**