Atlanta Colon and Rectal Surgery, PA

Request to Inspect and Copy Protected Health Information

Patient Name: _____ Account: _____

Date of Birth: _____

Patient Address: _____

_____

_____

I understand and agree that I am financially responsible for the following fees associated with my request: search and retrieval, copying charges, cost of supplies, and postage related to the production of my information.

Administrative Cost:	$25.88 per request		_____
Iron Mountain Storage Retrieval: (non-refundable)	$250 per request		_____
Postage:			_____
Copy charge per page:			
Pages 1-20	_____	X $0.97 =	_____
Pages 21-100	_____	X $0.83 =	_____
Each page over 100	_____	X $0.66 =	_____
Certified Copy:	$9.70 per request		_____

Total Due: _____

Patient Signature: _____ Date: _____

Employee Signature: _____ Date: _____

POS® Reorder # 0305099