



Acknowledgement of Medical Record Request Processing Fee

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows a fee(whether regulatory or statutory) to be associated with medical record request processing, excluding those that are needed for continuing care purposes.

Catawba Pediatric Associates has partnered with HealthPort Technologies, LLC to process and fulfill your request for a copy of your medical record. The regulated fee in the State of **North Carolina** is detailed below:

Detail of State Rates:	
.75 per page	Pages 1-25
.50 per page	Pages 26-101
.25 per page	Pages 101+
+ Postage	

By signing below, I acknowledge that I am aware of the fee that will be billed to me for requesting a copy of my medical record. I agree to pay this fee when services are rendered and I receive an invoice from HealthPort Technologies.

Name: _____ Phone #: _____

Address: _____
Street City State Zip

Patient Signature: _____ Date: _____
(or authorized representative)

Email address for electronic delivery request for medical record:

The fee should be remitted to HealthPort Technologies as directed on the HealthPort invoice you receive.

HealthPort Technologies, Inc. Release of Information Processing Center
120 Bluegrass Valley Parkway Alpharetta, GA 30005
Customer Service: 800-367-1500