

Patient Name: _____ Date of Birth: _____

Today's Date: _____

Dear Parent, Legal Guardian and/or Patient:

Our office has received your request for copy and/or transfer of medical records for yourself, or the above child(ren).

In Alberta, the gathering, storage and transfer of medical information is under the control of the "Freedom of Information and Protection of Privacy Act". Under this Act, the custodian of medical information, e.g., physicians are entitled to charge an administration fee for the work and cost involved in retrieval, preparation and copying of patients' chart documents and mail out costs. As governed by the Alberta Medical Association Guidelines to Billing Uninsured Services, our office fee structure is as follows:

The basic fee is \$25.00 for the first 20 pages of chart copying.

Where a larger volume of information needs to be processed, material costs will be higher (25 cents per page after the first 20 pages).

Where additional physician review/severing and or letter creation is required, additional fees (\$45.00 per 1/4 hour) will be added. And the Physician likely will WANT to take time to review the file and decide what needs to be copied. Where additional time is required to copy the file or identify parts of the file to be severed, additional fees for Staff time (\$6.75 per 1/4 hour) will be added.

Where additional patient information prior to 2007 is requested, an offsite paper chart archiving retrieval fee of \$60.00 will be also added.

It is best if you BRING your own USB stick into our office. If not, we will CHARGE you for the USB stick and for the cost to MAIL the information to you.

Note that often it may not be necessary to copy the ENTIRE file, especially paper information dated before 2007. If you feel that the Paediatrician's electronic information (dated AFTER 2007) will suffice, you may not need to ask for the Paper information (as it is very onerous and expensive to obtain).

PLEASE COMPLETE, SIGN AND RETURN YOUR SELECTED OPTIONS BELOW:

* All chart transfer will require a \$25 Deposit (Base Fee) and signed authorization before any action will be taken. The remaining balance will be invoiced to you once the file has been pulled and created (as we're unsure how much time it will take or how big the file is).

OPTION 1:

- I require copies of all electronic medical record documents from 2007 to current day PRINTED.
- And I am aware and agree to pay the \$25.00 basic fee + possible additional volume charge fee + possible physician review/sever/letter creation fee (\$45 per 1/4 hour) + \$6.75 per 1/4 hour for staff time.
- I have enclosed exact cash/cheque for \$25 made payable to the patient's Paediatrician for the **Deposit**.
- I understand the final cost to me cannot be calculated until the chart has been reviewed.
- Once this amount is calculated, I will be invoiced with the **balance**.
- The final payment needs to be received by the office prior to processing and mail out.
- I understand processing of my request will ONLY OCCUR after I have returned this COMPLETED form with payment to my Paediatrician.

Name: _____ Relationship to patient: _____

Signed: _____ Date: _____

OPTION 2:

- I require copies of all paper chart documents prior to 2007 AND all electronic medical record documents from 2007 to current day PRINTED.
- I am aware and agree to pay the \$60.00 paper chart retrieval fee + possible additional volume charge fee + possible physician review/sever/letter creation fee.
- I have enclosed exact cash/cheque for \$25 made payable to the patient's Paediatrician for the **Deposit**.
- I understand the final cost to me cannot be calculated until the paper chart has been retrieved from storage and the file is reviewed.
- Once this amount is calculated, I will be invoiced with the **balance**.
- The final payment needs to be received by the office prior to processing and mail out.
- I understand processing of my request will ONLY OCCUR after I have returned this COMPLETED form with payment to my Paediatrician.

Name: _____ Relationship to patient: _____

Signed: _____ Date: _____

OPTION 3:

Electronic Chart Transfers are now available. The chart will be made into one PDF document and can be put onto a USB stick.

*Please sign either Option 1 (for electronic medical records after 2007) or Option 2 (for electronic medical records after 2007, AND paper chart retrieval prior to 2007), AS WELL AS Option 3 to indicate you want an Electronic Chart Transfer.

- I have enclosed exact cash/cheque for \$25 BASE FEE made payable to the patient's Paediatrician for the deposit.
- I understand that the complete total fee for an Electronic Chart Transfer **starts** at a base rate of \$25 if only requesting records from 2007 to current day.
- I understand that the complete total fee for an Electronic Chart Transfer is approximately \$85 if requesting records prior to 2007 AND all electronic medical record documents from 2007 to current day (\$25 base fee + \$60 paper chart retrieval fee + additional fees that will be calculated).
- And I will provide the Paediatrician's office with a USB stick of at least 1 GB (Gigabyte) or the office will provide me with the USB stick (which I will have to pay for).

We request the \$25 **deposit** for this Transfer prior to downloading any information onto a USB stick.

Please send the \$25 base fee to our office by mail or cheque. You also have the option of e-transferring the money to Dr. Goldade's email address of drgoldade@gmail.com

Staff for Dr. Goldade

Name: _____ Relationship to patient: _____

Signed: _____ Date: _____