

Request Letter under HITECH Act of 2009 for Electronic Copy of my Medical Records

To: Medical Care Provider: _____

From: Patient Name: _____

Patient DOB: _____ Patient SSN: _____

Pursuant to 45 CFR § 164.524, I am requesting that you send an electronic, in PDF form, certified copy of: _____; to my third-party designee(s), XL Record Service. I do not want a PHI summary but the full set of records.

Please scan paper records and/or convert electronic records to PDF format and email them to _____. If you are unable to email my PHI, you may save in PDF format to a thumb drive and mail the same to:

XL Record Service
PO Box 153736
Lufkin, TX 75915

XL Record Service should receive any and all correspondence, including invoices for the reasonable cost-based fee for the labor cost of copying my protected health information, paper or electronic media supply costs, and postage costs. The applicable regulations provide the following rules for compliance with this request:

1. There is a 30-day deadline to supply the requested PHI.
2. There is no requirement under the HITECH Act for a HIPAA authorization. This letter is sufficient.
3. There is no expiration event or date relating to this patient or the purpose of the use or disclosure of this information.
4. Prohibited charges include access charges, inventory charges, labor for reviewing the request, and searching for or retrieving the PHI.
5. Medical records contractors are covered by HIPAA regulations.
6. Noncompliance includes charging more for sending the records to my third-party designee, XL Record Service, or any subsequent or additional third-party designee.
7. Noncompliance includes claiming the inability to provide the PHI via email or mail.
8. I have the right to revoke this authorization in writing.
9. You may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization when the prohibition on conditioning of authorizations in (b)(4) of 45 CFR § 164.508 applies.
10. There is a potential for information disclosed pursuant to this authorization to be subjected to re-disclosure by XL Record Service and will no longer be protected by this 45 CFR § 164.508.

This copy is as valid as the original. Thank you for your prompt response.

Signature of Patient or Legal Representative

Date (Signature is valid for 365 days)

If Signed by Legal Representative, Relationship to Patient

For more information on the Federal HITECH Act and its regulations: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/>