



VECTOR Health & Wellness, LLC
1267 N Steamboat Dr, Ste 3
Fayetteville, AR 72704
ph: (479) 316 - 6565
fax:(479) 316 - 0331
email: info@vectorhealthnwa.com

Patient Name _____

Patient DOB _____

Medical Records Policy Consent

Dear Patient, Guardian or other authorized person(s) requesting medical records,

This document contains important information on the process and costs of obtaining copies of your own medical records from VECTOR Health & Wellness. We must charge for the preparation of records because it is a time consuming process that requires the work of multiple staff members, including your clinician(s).

As a basic rule of thumb:

1. Medical records prepared for a patient - results in the patient paying for the costs
2. Medical records prepared for an attorney - results in the attorney paying for the costs
3. Medical records prepared for another healthcare provider are done so free of charge as a professional courtesy
4. Medical records prepared for a patient's medical insurance company are done so free of charge as per credentialing agreements
5. Medical records prepared for the purpose of litigation, injury or disability typically results in the person or entity requesting the records to pay for the costs

Although VECTOR Health & Wellness utilizes an electronic health record, **we do not have the ability to readily produce an electronic or paper copy** of your medical record.

In order for us to provide you with a copy of your medical records, we must first print all of the individual documents onto paper. Then, by hand, we organize the documents chronologically and by category. If a patient is requesting a copy of their medical record, we are then able to provide a paper record for pick-up or mailing after the total payment is received (including postage if applicable). We do not email entire records to patients due to the unsecure nature of email and the risk of protected health information being visible or accessible to someone other than the patient. At this time, we do NOT have the ability to provide medical records on a CD, disc or USB drive.

Preparation of medical records is done upon verbal or written request from a patient (or their legal guardian), or a written request from anyone besides the patient (or their legal guardian) with the explicit authorization from the patient or legal guardian. Upon receipt of a records request from a patient or legal guardian, we will contact you to verify the specific records being requested (if applicable) and to collect the **NON-REFUNDABLE Labor charge**. While we make every effort to have your records ready within 30 calendar days as per federal and state law, this depends on the patient's or legal guardians' time to respond to our verification process and the receipt of the Labor fee payment by cash*, card or money order. **Any payments that are received as cash go directly to our internal patient assistance fund.*

The cost of preparing records will be determined as follows, in accordance with federal and state law:

Labor charge (non-refundable)	\$25
\$0.50 per page for the first 25 pages	_____
\$0.25 per page for each additional page	_____
Actual cost of postage, if applicable	_____
Other costs, if applicable	_____

Total _____

For clarification of our procedure and costs, please refer to Ark. Code § 16-46-106.

Please feel free to contact us at info@vectorhealthnwa.com or 479-316-6565 if you have any questions or concerns regarding your medical records or the fee(s) associated with their preparation.

Sincerely,

VHW staff

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I understand and agree to the Medical Records Policy. I will sign a Release of Information to formally request my medical records.

Patient/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Patient Name \_\_\_\_\_ Patient DOB \_\_\_\_\_

Print Guardian Name (if applicable) \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date of Receipt/Review: \_\_\_\_\_ Updated 10/9/23 - SH