Medical Records Department
234 Copeland Street, Ste. 320
Quincy, MA 02169 -4082
Phone: 617-479-4545 ext. 240 ~ Fax: 617-481-5296
medicalrecords@primebehavioralhealth.org

Request for Medical Records

Client Name: _____ Date of Birth: _____

Address:_____

_____

Phone number: _____

I hear by Request ***PRIME BEHAVIORAL HEALTH*** to furnish me with the following medical records:

The information contained in the confidential record of the above named person pertaining to services during the time period from _____to _____

Please initial the appropriate information to be released:

_____Intake / Admission Note _____ Initial Psychiatric Evaluation _____Progress notes

_____Laboratory Data _____ Psychological Testing results _____Patients History

_____Complete Medication List _____ Treatment Plans _____Appointment History

_____Other information (Specify) _____

Prime Fees for Records are:

- $15.00 base charge for clerical and other administrative expenses related to complying with the request for making a copy of the record;
- $0.50 per-page charge for the first 100 pages copied; and
- $0.25 per-page charge for each page in excess of 100 pages.

By signing below, I agree to the following:

1. I understand that the confidentiality of my records is protected under Federal Regulations (42CFR, Part 2).
2. I have carefully read and understand the above statement and do herein expressly and voluntarily request copies of the above information and or medical records.
3. I understand I will be charged a fee for a copy of my medical records. I agree to pay the fee before I am furnished with copies of the records I requested.

_____ _____ _____

Signature of Client, Legal Guardian or Parent Relationship to client Date

_____ _____

Staff Signature Name of providers treating pt.