MEDICAL RECORDS COPYING / ADMINISTRATIVE FEE

EXCLUDING RADIOLOGY IMAGES

Internal eCW Tracking Code: S9981 – Medical Records Copying/Administrative Fee

The fee for medical-record requests varies based on the type and volume of records requested, number of pages, format of the records, and method of delivery.

2026 MEDICAL RECORD COPYING FEES

FEE	2026 MAXIMUM
Administrative / Handling Fee	**$36.68**
Pages 1–25	**$1.38 per page**
Pages 26–50	**$0.92 per page**
Pages Over 50	**$0.46 per page**
Actual Postage / Shipping	**Additional, if applicable**

FEE CALCULATION FOR THIS REQUEST

Administrative / Handling Fee: **$36.68**

Pages 1–25:
_____ pages × $1.38 = $_____

Pages 26–50:
_____ pages × $0.92 = $_____

Pages Over 50:
_____ pages × $0.46 = $_____

Actual Postage / Shipping: $_____

TOTAL MEDICAL RECORDS FEE: $_____

PAYMENT METHOD:

□ **Cash** □ **Credit/Debit Card**

PATIENT ACKNOWLEDGMENT

I understand that the fee shown above is based on the type and format of medical records I have requested. I understand that the applicable fee is a charge for medical-record copying/release and/or electronic ultrasound image export and is **not a charge for medical treatment or a medical service**. I acknowledge the amount due and authorize Nye Partners in Women's Health to process my request for release of the records identified above.

Patient/Authorized Representative Signature:

_____

Date: _____

NYE PARTNERS IN WOMEN'S HEALTH

345 Ashland Avenue - River Forest, Illinois 60305 - Telephone: 708-488-0072 - Fax: 708-488-0084

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Patient's Name (PRINT) _____ Office Medical Record # _____

Patient's Signature _____ Date of Birth _____ Date _____

If not patient, signature and relationship of person giving authorization _____

AUTHORIZATION TO RELEASE / REQUEST RECORDS

☐ I authorize NYE Partners in Women's Health to send a copy of my medical records to:

☐ I authorize NYE Partners in Women's Health to request my medical records from:

Name of Physician / Health Care Facility _____

Street Address _____

City _____ State _____ ZIP _____ Phone Number _____

THIS AUTHORIZATION APPLIES TO THE FOLLOWING INFORMATION

☐ The entire medical record, **excluding** mental health treatment, alcoholism treatment, drug abuse treatment, and HIV/AIDS records.

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I am specifically requesting the following reports or images:

☐ Laboratory Reports (specify): _____

☐ Radiology Reports (specify): _____

☐ Operative Reports (specify): _____

☐ Radiology Images (specify): _____

PURPOSE OF THIS RELEASE

☐ Moved ☐ Changing insurance ☐ Second opinion

☐ Primary Care Physician update ☐ Changing physicians ☐ Other: _____

EXPIRATION NOTICE

I understand that this authorization is revocable at any time prior to the release of information. This authorization will expire 90 days from the date signed.

RECORDS FROM OTHER HEALTH FACILITIES / REDISCLOSURE

It is the policy of NYE Partners in Women's Health to release only medical information documented or dictated by Nye Partners in Women's Health care providers. If you have been treated by other health care providers, please contact them and make arrangements to release any information you may need. Federal regulations prohibit us from redisclosing information without the specific written consent of the person(s) to whom it belongs.

FEES FOR RECORDS RECEIVED FROM A PREVIOUS PROVIDER

Any fees involved in the transfer of records TO Nye Partners in Women's Health FROM a previous provider are the responsibility of the patient.

NOTICE REGARDING MEDICAL RECORD RELEASE FEES

A fee may be assessed for the reproduction, processing, and release of medical records, as permitted by applicable Illinois law. Nye Partners in Women's Health calculates medical-record reproduction charges in accordance with the fee limitations established under 735 ILCS 5/8-2001 and the applicable 2026 Illinois medical-record copying fee schedule, as adjusted by law. The amount charged, if any, will depend upon the type, format, and volume of records requested and any other charges permitted by law. Applicable fees may be required before the requested records are released.

Please review this authorization carefully before signing.