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PATIENT IDENTIFICATION:













CONSENT FOR RELEASE OF INFORMATION

Fee Schedule Acknowledgement Form

In order to process your request for medical records, we need you to fill out this form completely (front and back side).

Return the completed form with a copy of your photo identification or driver's license to:

MAIL TO DELIVER TO FAX

Health Information Management 743 Spring Street Gainesville, GA 30501

Health Information Management 3137 Frontage Road Gainesville, GA 30504

770-219-6903

Medical Records Copy Fees* for Pa	itients
Paper Records:	
Reproduction Flat Fee	\$0.90
plus per page fee	\$0.05
Jump Drive (USB Flash Drive) or edelivery	\$6.50
Certification Fee	\$7.50
Maximum charge for record retrieval is	\$400.00

My signature below signifies that	I nave received	pages of medical	records
from NGHS HIM on	_ (date).		

The fees associated with obtaining medical records are governed by the Georgia Department of Community Health and are NOT applicable when records are needed for continuity of care, or to make or complete an application for a disability benefits program or vocation rehabilitation program.

*Fees associated with obtaining records for Workers' Compensation may differ than those listed above.