



Press #2 for Customer Service

## Disclosure Process and Fee Explanation Letter Grace Clinic of Lubbock

## Dear Patient:

As a patient, you have a right to copies of your medical information. In addition, medical records are legal documents that must be maintained by Grace Medical Center. To assure we are doing everything we can to comply with HIPAA rules and protect the privacy of our patients, we have partnered with Sharecare Health Data Services (HDS), a national Release of Information provider, to assist us with this process. Under federal and state law, Sharecare HDS is allowed to recover certain costs related to making copies of your medical records available to you. The fee we charge is cost-based to include labor, materials and postage as defined by HIPAA and highlighted by the Omnibus Final Rule. How the record is stored and delivered are variable factors affecting the fee.

To minimize this fee, we encourage you to limit your request to just the records that you truly need. *Note that on the attached authorization form, there is an option to select a 2-year abstract plus 5 years of labs, radiology, and diagnostics*. For many patients, this option is sufficient for their purposes and keeps their bill lower than it otherwise would be.

Please fill out the attached authorization form completely and submit via fax or mail to:

Grace Health System **ATTN: MEDICAL RECORDS**2412 50<sup>th</sup> Street

Lubbock, TX 79412 FAX: 806-686-3354

Please note that the Sharecare HDS quality control process does extend the turn-around-time for your request to be fulfilled. However, you can expect that an invoice will be sent to the address on your request within 14 business days. Invoicing information may be reviewed sooner by calling customer service below. This fee can be remitted by Check, PayPal or Credit/Debit Card.

Check Status 5-7 business days after submitting request: <a href="https://recordstatus.sharecare.com/">https://recordstatus.sharecare.com/</a>

**Pay Online Pay by Phone:** (800) 560-3800

https://hds.sharecare.com/

Click on Pay Online - Top right selection -

https://payment.bactes.com/Payments/

Enter your email address for Receipt – Invoice # - Amount of Invoice

Your request will be fulfilled upon payment. For questions, please contact Sharecare HDS at (800) 560-3800 and press 2 for Customer Service.

Thank you for your confidence in Grace Medical.



## Authorization For Use or Disclosure of Medical Record Information Grace Clinic of Lubbock



3/16/2016

	nation ———			TX231
City:	State	Zip:	Work Phone:	
✓ Release Inform	nation To			
		ck to release my n	medical record information to:	
☐ Mail Copies	Го:		☐ Discuss Medical Inf	formation With:
Name/Facility:			Attention:	
Address:			Phone:	
City:	State	Zip:	Fax:	
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individual to other in	dividuals or organiza	tions that are not	zation may be redisclosed by the resubject to federal and/or state private Authorization or payment of associ	acy laws. Grace Clinic of
	be Released -			
<ul> <li>Please provide a plabs, radiology, ar</li> </ul>	2-year abstract (inclued diagnostics)	ides 5 years of	Please provide <i>only</i> the following range listed below:	records within the date
<ul> <li>Please provide my</li> </ul>	y entire medical reco	rd for dates:	Progress Notes/Consults _	
From	To		Pathology Billing From To	_ Other ( <i>Explain Below</i> )
From	y <u>entire billing record</u> To	ior dates:	1 IVIII I (	<b>,</b>
	zation Specifications:			
otherwise. You may Management Depar	revoke this Authoriza	ation at any time bical Center, 2412 5	or alcohol/drug abuse treatment) uby providing a written statement to 50th St, Lubbock, TX 79407, excep	the Health Information
POTENTIAL FEES:	See the "Fee and P	rocess Explanatio	n Letter" for more information rega	ording associated costs.
Required: Please co	omplete the check bo ecessarily apply to the	oxes below indicati		uld be handled, even if the
I □ DO □	DO NOT want *Psyc	chotherapy Notes		
I 🔲 DO 🔛	DO NOT want inform	nation about * <b>Men</b>	ntal Health released	
			Tests & Related Information rele	
I	DO NOT want inform	nation about *Alco	ohol and/or Substance Abuse rel	eased
	hey are applicable or		checkmark and initialed ALL the proceedings or if protected information	
			closure, by the recipient, of any alconent has received written consent fr	
Here			Date Here	Know Your Priv
Patient's Signature			Date	Rights Refer to the HIP PRIVACY NOTI

Description and Proof of Authority to Act on Patient's Behalf