

Appendix A: State-by-State Laws Relating to Medical Records⁸⁴

Alabama: Alabama Code § 12-21-6.1 provides for the payment of costs associated with duplication of medical records. Release of records may be conditioned on payment for the records. Copying charges shall not exceed \$1 per page for the first 25 pages; \$0.50 per page in excess of 25 pages; and a “search fee” of \$5. If the medical records are mailed, postage can be paid. Alabama Administrative Code §545-x-4-.08: Upon a patient’s request, and with the patient’s authorization, a physician should provide a copy or a summary of the medical records to the patient or to another physician, attorney, or other person designated by the patients.

Alaska Statutes § 18.23.005: A patient is entitled to inspect and copy any records developed or maintained by a health care provider or other person pertaining to the health care rendered to the patient.

Arizona Article 7.1 §§ 12-2292, 2293, 2295: A health care provider must provide medical records to the patient in response to a written request unless the attending physician or psychologist notifies the patient or his/her medical decisionmaker in possession of the record that the patient’s access to the medical record would be harmful to the patient in some way. The provider can charge a reasonable fee.

Arkansas Statutes § 16-46-106: In anticipation of any legal proceeding, the patient is entitled to the information upon written request and with patient authorization. The first 25 pages costs 50 cents, and after that, 25 cents per page, plus a \$15 administrative fee. If the doctor believes the patient shouldn’t have access to the records for any reason, the doctor has to provide reasons in writing, and the statute has a procedure for contesting that.

California Health and Safety Code § 123110: Patient must request to inspect or copy in writing, and there will be a “reasonable” clerical cost. The doctor can charge up to \$0.25 per page, or \$0.50 for microfilm plus reasonable clerical costs. The records must be provided in 15 days. In the alternative, the provider may provide a summary instead of the records. California Health and Safety Code § 123130.

Colorado Statutes §§ 25-1- 801-802: Records in the custody of a health facility shall made records available to the patient for inspection, unless the records pertain to mental health problems and the provider believes that allowing the patient to review the record would have a negative psychological impact on the patient. In such a case, an independent third party can receive the documents on the patient’s behalf. Records in the custody of an individual health care provider (as opposed to a facility) shall be made

⁸⁴ A handful of states do not have a statute on point, although they have statutes governing confidentiality of records, when government officials can obtain records, and so on. Also, please note that these are summaries of my reading of the statutes, and, in the absence of quotation marks, not the language of the statutes themselves. Further, there may be other provisions of any State’s law or decisions of the State’s courts that modify and/or clarify the language of the statute. Finally, almost every one of these statutes says that the patient *or his/her representative* can get records. Thus, please read the word “patient” to include the patient’s legal representative

available to the patient upon written request for inspection and/or copying. Reasonable costs can be assessed. Patient records do not include office notes.

Connecticut General Statute § 20-7c: Provider must supply records to the patient upon written request. The cost cannot exceed \$0.65 per page. If a provider determines the information is detrimental to the physical or mental health of the patient, the information may be withheld from the patient and supplied to a third party.

10 Delaware Code § 3926: A health care provider who receives an authorization signed by a patient shall produce a true and correct complete copy of the requested medical records within 45 days of receipt of the request. The provider may charge a reasonable fee. A provider may object to the production in writing, stating the grounds for the objection. The objection must be served on the requesting party within 30 days of receipt of the request. The requesting party then has 60 days to ask the court to compel production of the records. Failure or refusal to produce records results in a civil penalty not to exceed \$25 per day for each business day the records are delinquent. Providers can require pre-payment, but if they do so, they must notify the requesting party within 14 days of the receipt of the original request. 24 Delaware Code § 1761: patients have a right to a copy of their records from anybody practicing medicine. A person certified to practice medicine has 45 days to respond to such a request.

Florida Statute § 456.057: Health care professionals must furnish copies of all records upon request, and in a timely manner. They can charge no more than the actual cost of copying, including reasonable staff time, or the amount specified in the administrative rules by the appropriate board or department. If records are psychiatric, a provider can produce a report in lieu of the file.

Georgia Code § 31-33-2 and 3: Within 30 days of a written request from the patient in compliance with HIPAA (see text), the provider shall furnish a complete and current copy of a patient's records, in a reasonable time, but if the provider reasonably determines that disclosure to the patient will be detrimental to the patient, it needn't be disclosed to the patient. The party requesting copies is responsible for the cost of copying. There may be a fee for retrieval of the records up to \$20, certifying them (if you need them for court), and \$0.75 per page for the first 20 pages and then \$0.65 per page up to 100 pages, and then \$0.50 per page. Non-paper records such as x-rays can be provided at actual cost.

Hawaii Stat. § 622-57: Patient records must be provided upon request unless the health care provider believes that it would be detrimental to the health of the patient to obtain the records, in which case the health care provider must notify the patient that copies of the records will be made available to the patient's attorney upon presentation of a release signed by the patient. If any attorney requests records in this situation, the records must be produced within 10 working days. "Reasonable" costs shall be borne by the patient.

Idaho: No statute directly on point. Please see footnote 84.

Illinois Stat. 735 § 5/8-2001, 2003: Health care facilities must produce records upon request. A request for copies must be in writing. The facility shall be reimbursed all reasonable expenses, including a handling charge of up to \$20, and 75 cents for the first 25 pages, then 50 cents for the next 25 pages, and 25 cents for anything over 50 pages. For microfilmed records, the charge is \$1.25 per page. A request for records must be complied with within 30 days. A health care practitioner shall permit the patient or an authorized attorney to examine patient records within 30 days of a written request. Costs are the same as in the case of a facility.

Indiana Code § 16-39-1-1, *et seq.*⁸⁵: On written request and reasonable notice, a provider shall supply to a patient the health records possessed by the provider. The request must contain name and address of patient; name of person requested to release the patient's record; name of the person or provide to whom the patient's health record is to be released; the purpose of the release; a description of the information to be released; the signature of the patient or his/her representative; the date on which the consent is signed; a statement that the consent is subject to revocation at any time, except to the extent that action has been taken in reliance on the consent; and the date, event or condition on which the consent will expire if not previously revoked. The Insurance Department sets the fees for copies of medical records. A provider may withhold records if he or she has reason to believe that release to the patient would be detrimental.

Iowa Code § 622.10(5): Upon request from a patient or his/her lawful representative, a provider shall provide copies of records within 30 days of a written request. The fee charged is based on the actual cost of production. A patient or patient's legal representative is entitled to one copy free of charge.

Kansas St. Ann. § 65-4971: Copies of health care records shall be furnished to a patient within 30 days of written authorization, or the provider must notify the patient that the records are not available and why. A provider may withhold copies of health care records if the provider reasonably believes that providing copies will cause substantial harm to the patient or another person. A provider may condition the provision of records on the payment of charges not to exceed a "\$15 fee for the cost of supplies and labor," and for copies \$0.50 per page for the first 250 pages and \$0.35 per page thereafter. Fees can be increased to reflect cost of living increases.

Kentucky Stat. § 422.317: Upon a patient's written request, a hospital or health care provider shall provide, without charge, a copy of the patient's medical record. The provider may charge a copying fee not to exceed \$1 per page for a second copy of the records.

Louisiana Revised Stat. 40: § 1299.96: Health care providers shall provide patients with a copy of any information related in any way to the patient which the health care provider has transmitted to any company, or any public or private agency, or any person. Medical

⁸⁵ For any non-lawyers reading this, "et seq." basically means "and the sections that follow." The Indiana law is spread over too many sections to list. If you have to write a letter, you can cite it the way it is cited above, as §§ 16-39-2-1 *et seq.*, and that will suffice.

records are the property of the health care provider. A patient or legal representative has the right to obtain a copy of the medical record upon presentation of a written and signed authorization and a copying charge, not to exceed one dollar per page for the first 25 pages, 50 cents per page from 26-500 pages, and 25 cents per page thereafter, and a handling charge not to exceed \$25, plus postage. Digital copies may be provided at the same rates as hard copies, but the cost cannot exceed \$100. A health care provider can deny access to a record if the provider reasonably concludes that knowledge of the information contained in the record would be injurious to the health or welfare of the patient or could reasonably be expected to endanger the life or safety of any other person.

22 Maine Rev. Stat. §§ 1711-A, B and C: Health care information is confidential and may not be disclosed other than to the patient unless the patient has signed a written authorization to disclose, and even then, the documents may not be disclosed for any reason other than as set forth in the authorization. Upon written authorization, a health care practitioner shall release copies of records to the patient. However, if the practitioner believes that release of the records to the patient is detrimental to the health of the patient, the practitioner shall advise the patient that copies will be made available to the patient's authorized representative upon receipt of a written authorization. Written authorization must include the name and signature of the patient, the date of the signature, the types of persons who may disclose and the nature of the information to be disclosed, the identity of the person to whom disclosure is authorized, the purpose of the disclosure, the duration of the authorization, a statement that the individual may refuse authorization of some or all health care information, but that refusal may result in improper diagnosis, a statement that the authorization may be revoked, and a statement that the individual is entitled to a copy of the authorization form. Whenever a health care practitioner furnishes requested copies of records, the charge should not exceed reasonable costs. Copy costs are \$10 for the first page and 35 cents for each additional page. A separate statute outlines the rules for obtaining hospital records which closely tracks the language of the statutes relating to health care practitioners, set forth above.

Maryland Health Code §§ 4-303, 304: A health care provider shall comply with a written request for a copy of the medical record. If the record relates to a psychiatric or psychological problem and the attending health care provider believes disclosure would be injurious to the health of the patient, the provider may refuse to disclose that portion of the record, but shall make a summary of that portion and have another provider review the record. The request for records must be in writing, dated, and signed by the patient or his or her representative; contain the name of the provider; the identity of the person to whom the record is to be disclosed; state the period of time when the authorization is valid (not more than one year, with a few exceptions); and apply only to a medical record developed by the health care provider unless in writing. The cost of copying may not exceed 50 cents per page plus the cost of mailing. Records must be provided within a reasonable time.

Massachusetts General Law Annotated ch. 111 § 70, 112 §12CC: Health care providers shall permit inspection of medical records by the patient, and upon request and payment of a reasonable fee, shall make copies of the records available to the patient. No fee can

be charged if the record is needed in connection with SSDI. Psychotherapists can provide a summary if he or she believes providing the entire record would harm the patient. Mass. Gen. Law Annot. Ch. 111 § 119 (70): Hospitals and clinics must provide patients with a copy of their records upon written request, and may charge a reasonable fee (although no charge if the records are needed for an SSDI appeal) which means a base charge of \$15 for each request, a per page charge of not more than \$0.50 for each of the first 100 pages, and not more than \$0.25 thereafter. Mass. Gen. Law Annot. Ch. 111 § 119 (70E): A patient of a health care facility has the right to inspect and receive a copy of his or her medical record.

Michigan Stat. 333.26261, et seq.: A patient has the right to examine or obtain the patient's medical record upon a written request signed and dated by the person requesting the records. A health care provider must respond to such a request within 30 days of receipt of the request (or 60 days if the records are located off-site). If a health care provider determines that disclosure to the patient would have an adverse effect, the health care provider or health facility shall provide a clear statement supporting that determination and provide the record to another health care provider, attorney, or other representative designated by the patient. A provider may charge a fee that is not more than an initial \$20 fee plus \$1 per page for the first 20 pages; \$0.50 per page for pages 21 through 50; \$0.20 for pages 51 and over. These fees should be waived for an indigent patient.

Minnesota Stat. § 144.291, et seq.: Upon request, a provider shall provide to a patient complete and current information possessed by the provider concerning any diagnosis, treatment and prognosis of the patient in terms and language the patient can reasonably be expected to understand. Upon a patient's written request, a provider shall furnish copies of medical records, including laboratory reports, x-rays, prescriptions, and other technical information used in assessing the patient's health condition, at reasonable cost, unless the provider determines that the information is detrimental to the physical or mental health of the patient and may supply the information to an appropriate third party or another provider, who may then disclose them to the patient. Providers cannot charge more than 75 cents per page plus a \$10 retrieval fee. There is no charge if the records are requested for purposes of applying for Social Security disability. The patient consent to release records to a third party must be in writing, signed, and dated. The consent is valid for 1 year unless the patient specifies a shorter period. A consent is not necessary in a medical emergency.

Mississippi Stat. § 43-11-16, 41-9-65, 11-1-52: Medical records are the property of institutions, subject to reasonable access to the information contained therein upon good cause shown by the patient or his/her personal representative, and upon payment of reasonable charge for such service. Medical providers and medical facilities shall charge no more than \$20 for pages 1 through 20; \$1 per page for the next 80 pages; \$0.50 per page for all pages thereafter. Ten percent can be added for postage. \$15 can be added to retrieve files located off-site.

Missouri St. § 191.227: Upon written request of a patient, health care providers shall furnish a copy of the patient's record within a reasonable time, upon payment of a handling fee of \$17.05 and a fee of \$0.40 per page plus postage. The right to a copy of one's record is limited to "access consistent with the patient's condition and sound therapeutic treatment as determined by the provider."

Montana St. § 50-16-540, 541: Upon receipt of a written request from the patient to examine or copy, within 10 days, the provider shall make the records available for inspection or copying. A reasonable fee of not more than \$ 0.50 per page, and an administrative fee not to exceed \$15 for searching and handling. Under § 50-16-542, a health care provider may deny access to health care information by a patient if it would be injurious to the patient or any other individual, if it would disclose the identity of someone who provided information about the patient in confidence, if it is data assembled for purposes of peer review, etc., and a number of other limitations.

Nebraska Statutes §§ 71-8401, *et seq.*: A patient may obtain a copy of his or her medical records upon written request, except that mental health records may be withheld if a treating physician or other health care provider determines in his or her professional opinion that release of the records would not be in the best interest of the patient. Upon receiving a request to examine records, the provider has 10 days to make the records available or inform the patient that the provider doesn't maintain the records, or they are lost, or if there's an unusual justification for delay. Upon receipt of a request for a copy of the records, the provider has 30 days to respond. A provider may charge no more than \$20 as a handling fee and \$0.50 per page. However, the provider may not charge for records collected for purposes of Social Security Disability or other specified purposes.

Nevada St. § 629.061: Providers must make health records available for inspection by a patient or his or her representative, and shall furnish a copy to a patient who requests it and pays the actual cost of postage and making the copies (not to exceed \$0.60 per page).

New Hampshire Stat. § 332-I:1: Medical records are the property of the patient. The patient shall be entitled to a copy upon request. The charge for copying shall not exceed \$15 for the first 30 pages or \$0.50 per page, whichever is greater.

New Jersey – 26:2H-12.8: A hospital must provide a copy of medical records upon written request at a reasonable cost, although can withhold if releasing them would be detrimental to the patient.

New Mexico – There is no statute applicable to all medical records. § 14-6-3 provides that applicants for SSDI are entitled to a copy of their medical records. Section 43-1-19 provides that the patient has access to confidential mental health records unless such disclosure would harm the patient. The Rules of the State Medical Board state that providers can charge \$30 for the first 15 pages and \$0.25 per page thereafter.

New York Public Health Law §§ 17, 18 (2): Upon the written request of a patient, a health care provider shall provide access to inspect records, or furnish a copy within a

reasonable time. The provider may impose a reasonable charge not exceeding the costs incurred by the provider. The reasonable charge for paper copies shall not exceed \$0.75 per page. A patient shall not be denied access to medical records due solely to the inability to pay. A provider can withhold the records if he or she believes that disclosure would be detrimental to the patient, in which case another doctor would then review the records to determine whether he or she agrees that disclosure would be detrimental. The statutes provide a fairly detailed procedure for contesting a failure to provide access to records pursuant to a request.

North Carolina St. § 90-411: A health care provider may charge a fee to cover the costs of searching, handling, copying and mailing medical records to the patient or the patient's designated representative. Maximum fee is \$0.75 for the first 25 pages; \$0.50 per page for pages 26 to 100; and \$0.25 after that. Even if the cost is less than \$10, the health care provider may charge a \$10 minimum.

North Dakota St. § 23-12-14: Upon a patient's request, the provide shall provide a free copy of the patient's health care records to another physician if the purpose of the request is to transfer the patient's health care to another provider. Upon request in other circumstances, the provider may charge up to \$20 for the first 25 pages and 75 cents thereafter, including postage. Records can be obtained in electronic or digital format for \$30 for the first 25 pages and \$0.25 per page after that.

Ohio St. §§ 3701.74, 3701.741: A patient who wishes to examine or copy part or all of a medical record shall submit a written request signed by the patient, indicating where the copy is to be sent. Within a reasonable time after receiving a request, the provider shall allow the patient to inspect the copy at no charge, or shall provide a copy of the record unless the provider, for clearly stated reasons, determines that disclosure is likely to have an adverse effect on the patient. A provider may charge the patient a copy charge of \$2.74 per page for the first 10 pages; \$0.57 for pages 11 through 50; and \$0.23 thereafter, plus postage. If the request is for a third party (not the patient), there is a \$16.84 initial fee plus \$1.11 for the first 10 pages; 57 cents per page for pages 11-50; and 23 cents per page thereafter. The provider may not charge if the copy is being requested for purposes of applying for SSDI.

76 Oklahoma St. § 19: Any patient shall be entitled to obtain access to medical records, and shall be furnished copies of all records upon payment of the cost of copying. The cost of copies may not exceed \$1 for the first page and \$0.50 for each subsequent page. A provider can charge up to \$5 per x-ray. The physician may charge for postage, but not a searching or handling fee. This does not apply to psychiatric or psychological records unless the treating physician or a court finds that disclosure is in the best interests of the patient.

Oregon St. § 192.518, *et seq.*: Individuals have the right to review and have access to their medical records, and a physician shall comply with a written request to do so. The written request shall be in the following form:

AUTHORIZATION TO USE AND DISCLOSE
PROTECTED HEALTH INFORMATION

I authorize: _____ (Name of person/entity disclosing information) to use and disclose a copy of the specific health information described below regarding: _____ (Name of individual) consisting of: (Describe information to be used/disclosed) _____

to: _____ (Name and address of recipient or recipients) for the purpose of: (Describe each purpose of disclosure or indicate that the disclosure is at the request of the individual)

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply.

I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information.

_____	HIV/AIDS information
_____	Mental health information
_____	Genetic testing information
_____	Drug/alcohol diagnosis, treatment, or referral information.

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment or referral information.

PROVIDER INFORMATION

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. The only exception is when a covered entity has taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage.

To revoke this authorization, please send a written statement to _____ (contact person) at _____ (address of person/entity disclosing information) and state that you are revoking this authorization.

SIGNATURE

I have read this authorization and I understand it. Unless revoked, this authorization expires _____ (insert either applicable date or event).

By: _____ Date: _____
(individual or personal representative)

Description of personal representative's authority: _____

A health care provider may reject a request for records if, in his or her professional judgment, the disclosure would be injurious to the patient. A provider must give notice if a record is withheld for this reason. A provider may charge no more than \$25 for copying 10 or fewer pages and no more than \$0.25 per page thereafter.

42 Pennsylvania St. §§ 6152, 6155: A patient shall have the right of access to his medical charts and records and to obtain copies of them. Under § 6152.1, a provider may charge no more \$30 for the first 10 pages or less; 50 cents for pages 11-50, and 25 cents thereafter plus actual cost of postage, shipping or delivery. If records have to be retrieved from microfilm, the provider can charge \$1.50 per page.

Rhode Island: There is a detailed statute governing confidentiality and disclosures to a wide range of individuals, state agencies, and other entities. General Laws § 5-37.3-4. § 5-37-22 provides that doctors must provide a patient to review and/or copy records or provide a summary of the information. If they choose to provide a summary and the patient is not satisfied, the patient can request a copy and the provider must provide one. The provider may charge "reasonable expenses. If the treating physician believes it would be injurious to the patient to provide the records, the provider does not have to disclose to the patient, but shall disclose to another physician identified by the patient.

South Carolina St. §§ 44-115-20 *et seq.*: The physician owns the medical record. However, a patient has a right to receive a copy of his or her medical records upon request, when accompanied by a written authorization. Medical records may not be withheld due to an unpaid bill for medical services. A provider may charge a fee of \$0.65 per page for the first 30 pages and \$0.50 thereafter, as well as a searching and

handling fee not to exceed \$15 plus postage. A provider may require payment in advance for providing a copy of the record. A provider may provide a summary if disclosure would be harmful to the patient.

South Dakota St. § 36-2-16: A health care provider shall provide copies of all medical records to a patient upon receipt of a written receipt signed by the patient. A provider may require payment for the costs of copying and mailing in advance of providing the records. § 34-12-15: "A health care facility shall provide copies of records to the patient or the patient's designee in response to a written request.

Tennessee St. § 63-2-101, 63-2-102: Records of any health care provider shall be made available for inspection and copying upon presentation of an authorization for release signed by the patient. The provider has 10 days to produce the records. Failure to comply shall be grounds for disciplinary actions against the provider. A provider may charge no more than \$20 for records 5 pages or less in length and \$0.50 per page for each page copied after the first 40 and the actual cost of mailing. Payment of costs may be required before the records are provided, but if so, the records must be produced without delay.

Texas Health & Safety Code §§ 161.202, 241.154; Occupations Code §§ 159.005, 159.006, 159.008: Consent for the release of confidential information must be in writing and signed by the patient, and must specify what records to be covered by the release (i.e., billing records, medical records), the purpose of the release, and the person to whom the information is to be released. Unless the provider determines that provision of the records would be harmful, the provider must furnish copies of the requested records within 15 business days after the date of the receipt. If a physician denies the request, he or she must provide the patient with a written statement, signed and dated, providing the reasons for the denial, and place a copy of that statement in the patient's file. The physician may charge a reasonable fee and may require payment prior to providing access to or copies of the records. For all providers, including hospitals, the fee cannot be more than \$30 for the first 10 pages; \$1 per page for pages 11-60; 50 cents for pages 61-400; and 25 cents thereafter, plus postage. Microform is \$45 for the first 10 pages and \$1 per page thereafter plus postage. If electronic, the cost cannot exceed \$75 plus actual cost of postage and shipping. There are detailed regulations of the Texas State Board of Medical Examiners that can be found at www.tsbme.stat.tx.us/rules/rules/165.htm. There are no fees charged if the records are needed for filing for Social Security disability or other government benefits, and the records must be provided within 30 days in such a case.

Utah St. § 78B-5-618: A patient may inspect or receive a copy of the patient's records from a health care provider, and may charge a reasonable fee to cover the provider's costs that includes the cost of copying and postage. A provider who provides records to a third party may charge no more than \$20 to locate the record; \$0.50 per page for the first 40 pages and \$0.30 per page thereafter, plus sales tax.

Vermont: Although there is no statute granting the right to records, the right is implied. Pursuant to 18 Vt. Stat. § 9419, a provider may charge no more than a flat fee of \$5 or no more than \$0.50 per pages, whichever is greater, for providing copies of an individual's health care record. There is no charge for copies needed to support a claim for SSDI.

Virginia St. §§ 32.1-127.1:03; 54.1-2403.3: Medical records are the property of the provider, but the provider shall release copies of such records if the request is made for purposes of litigation. A provider may disclose a patient's medical record pursuant to the written consent of the patient, as well as to a long list of third parties. A request for copies must be in writing, dated and signed by the patient; identify the nature of the information requested; and include evidence of the authority of the requester (if not the patient him or herself). A provider has 15 days to do one of the following: furnish the records; inform the requester that the information does not exist or is lost; inform the requester that the provider does not maintain a record of the information sought; or deny the request if the attending physician determines that release of the records would be injurious to the patient. If the denial is based on the provider's judgment that the disclosure would harm the patient, the provider shall permit another provider to examine the record, and shall inform the patient of his or her right to select another reviewing physician. A written consent should include the patient's name, the provider's name, the person, agency or provider to whom disclosure is to be made, information to be disclosed, and should include the following statement:

As the person signing this authorization, I understand that I am giving my permission to the above-named health care entity for disclosure of confidential health records. I understand that the health care entity may not condition treatment or payment on my willingness to sign this authorization unless the specific circumstances under which such conditioning is permitted by law are applicable and are set forth in this authorization. I also understand that I have the right to revoke this authorization at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my health records and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization might be redisclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the health care entity.

This statement should be signed and dated by the patient. A separate statute, § 8.01-413, governs disclosure in the course of litigation. Charges cannot exceed \$0.50 per page up to 50 pages and \$0.25 per page thereafter, plus postage and a handling fee not more than \$10.

Washington St. §§ 70.02.005 *et seq.*: Upon receipt of a written request from a patient to examine or copy all or part of the patient's recorded health care information, or a written authorization from the patient granting access to a third-party, a provider shall, within 15 working days, make the information available for inspection and provide a copy to the patient if requested; inform the patient if the information doesn't exist or cannot be found; inform the patient if the provider does not maintain such information; or if the information is in use or there are other unusual circumstances. The provider also may deny the request if disclosure would be harmful to the patient. If a request for records is denied, the provider must allow another provider to review the records to determine whether the records should be provided. The authorization to release records should be in writing, dated, signed by the patient, identify the information to be disclosed, identify the person to whom records should be disclosed, contain an expiration date, and note that the patient has the right to revoke the authorization. Providers may charge no more than \$1.04 per page for the first 30 pages; no more than \$0.79 thereafter; plus a clerical fee of \$23.

West Virginia St. §§ 16-29-1, 2: A provider shall, within a reasonable time after receiving a written request from a patient, furnish a copy of all or part of the patient's record. If the record is psychiatric, a summary shall be provided. The provider shall be reimbursed by the person requesting the records at the time of delivery for all reasonable expenses incurred in complying with the request for records not to exceed \$0.75 per page, and a search fee not to exceed \$10. However, if the records are for the purpose of applying for Social Security Disability, they are free.

Wisconsin St. 146.83: A patient, upon submitting a statement of "informed consent," may inspect the patient's record, or receive a copy subject to payment of fees. "Informed Consent" must be in writing, dated, and signed, and must identify the records to be disclosed, the purpose of the disclosure, and establish a time frame when the consent expires. A provider may charge no more than \$0.35 per page plus shipping costs.

Wyoming St. §§ 35-2-605, *et seq.*: Upon receipt of a written request from a patient to examine or copy all or part of the patient's medical record, a hospital must, within 10 days after receiving the request, make the information available, inform the patient that the information doesn't exist or can't be found, inform the patient that it doesn't maintain the record sought, or if the information is in use or there is another unusual circumstance, in which point the hospital must inform the patient when it will be able to respond to the request, which may not be later than 21 days. A hospital may deny access to health care information if its production would pose an "imminent threat to the life or safety of the patient" or another person. If a hospital denies a request based on this section, it shall notify the patient in writing and produce as much of the record as possible. An authorization to disclose to a third party must be in writing, signed and dated, identify the information to be disclosed, identify the person to whom to disclose the documents, and set a time period for the authorization.