

ATTN: MEDICAL RECORDS DEPARTMENT Date: _____

RE: REQUEST FOR ELECTRONIC COPY OF PROTECTED HEALTH INFORMATION

Patient: _____
Social Security No.: _____
Date of Birth: _____
Date(s) of Service: _____

Dear Sir/Madam:

I am writing to request an electronic copy of all of my protected health information maintained by your office, under 45 C.F.R. 164.524, a/k/a the Health Insurance Portability and Accountability Act (HIPAA), in order to maintain an accurate copy of my complete medical file. Please send a copy of my entire medical file/chart for the above-referenced date(s) of service electronically to **Sean Culliton, Esquire** at the following email address: **sean.culliton@gmail.com**.

I am requesting an electronic copy of ALL my medical and billing records in your possession, without exclusion, including but not limited to, any test or lab results, intake forms, diagnostic studies, treatment notes, correspondence, internal communications or log notes, billing records, claims forms, prescriptions, orders or referrals, medical notes, psychiatric or mental health records, informal notations, writings contained on file folders, memo pads, and post it or sticky notes affixed to any paper or file folder. This request encompasses each and every record and/or document in your possession, whether maintained in an electronic or written form. For any records/documents already in electronic form, please convert them to PDF electronic format. For any records/documents maintained in paper form, please scan them to a PDF electronic format. You are authorized to release medical, mental, alcohol and/or drug abuse, HIV testing, AIDS, eating disorders or any other medical information of sensitive nature.

I do not agree to or request any summary or explanation of my records. Furthermore, I do not agree or request that my records be provided in a paper or hard copy format. I request an electronic version of my records only pursuant to 45 C.F.R. 164.524(c)(2)(ii).

I further request that my protected health information be provided in digital form (PDF), and hereby designate that same be delivered to my attorney, Sean Culliton, Esquire, at the following email address: sean.culliton@gmail.com. If the records are too voluminous to be emailed as an attachment, please copy them in a PDF format onto a readable CD, and mail the CD to my attorney at 150 John Knox Rd., Tallahassee, FL 32303. If a CD is not available, you

may fax the records to Sean Culliton, Esquire at 813-441-1999. Please find an executed HIPAA compliant release attached hereto for your records.

If the records are only available in some form that cannot be readily digitized, or cannot be provided in PDF form, please email my attorneys at the email address above to discuss alternative means of copying or transmitting those records and (if applicable) the reason you are unable to digitize them.

As provided by 45 CFR 164.524(c)(4), you may only charge a reasonable cost-based fee to cover the cost of copying. This provision preempts any state law designating a fee for copying. For example, if a state permits a charge of 25 cents per page, but a covered entity is able to provide an electronic copy at a cost of 5 cents per page, then the covered entity may not charge more than 5 cents per page (since that is the reasonable and cost-based amount).

If your cost per page to comply with this request exceeds 10 cents, please email my attorney first at the email address above with justification for this cost, and to obtain consent for same before you send a response to this request.

Please comply with this request within thirty (30) days pursuant to 45 CFR 164.524(b)(2). If my request cannot be honored within thirty (30) days, please inform my attorneys at the email address above with an explanation for same, as well as the date they might expect to receive my records. If you have any questions or concerns regarding this request, please direct them to my attorney at the email address above or call 850-385-9455.

I understand that I am requesting my medical records be transmitted to a third party, Sean Culliton, Esquire, in an unencrypted format. I understand the risks involved in such a transmission and acknowledge the possibility the transmission may be intercepted. However, I am willing to assume said risk in order for my request to be completed in the most expeditious manner possible. I also understand that the released information may no longer be protected by Federal Privacy regulations and that any disclosure carries with it the potential for an unauthorized redisclosure.

I certify that I am the person named above and that I am requesting that my protected health information be provided in electronic form to my attorney to the fullest extent permissible by law. Thank you for your anticipated cooperation in this regard. Please govern yourself accordingly.

Client Signature

Printed Name:

Enclosure: Medical Authorization
cc: Sean Culliton, Esquire