## **Requests for Medical Records**

The Guthrie Clinic is committed to protecting the privacy of your medical information. To safeguard your privacy, please complete and sign a form to assure the correct records are sent in the desired format. After printing the form, indicate what records are to be released and where they are to be sent. Be sure to sign and date the form to avoid delays in processing your request. Multiple factors affect the time it will take to process your records request. If your request is of an urgent nature, please indicate such on the request form.

NOTE: If you are the guardian, Executor of the Estate or Power of Attorney for the patient, you must submit a copy of the appropriate legal document, which proves authority to act on behalf of the patient. This must accompany the Medical Record Release form. If you are the parent (on file) of a child, no additional document is necessary. Exceptions may apply.

## Paper/Electronic Records

Depending on the purpose of your request, you may incur a fee for your medical records request. In compliance with HIPAA Privacy Rule a \$6.50 flat rate fee will be imposed for individual requests for electronic health records for personal use purposes. You will receive an invoice that details the exact charge. This invoice will provide additional instructions on your payment options (including online payment options).

NOTE: The Guthrie Clinic **will not charge** for records if the records are needed to share with another healthcare provider/ entity. Continuation of care requests may also be completed thru your individual eGuthrie/MyChart account.

Return the completed Medical Record Release form (and any attachments) by mail, fax or in person. Medical record office locations and hours are listed below. **All offices are closed on weekends and national holidays.** 

| Organization                                            | Phone        | Fax          | Hours                                                     | Mailing Address                                                                      |
|---------------------------------------------------------|--------------|--------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|
| Corning Hospital<br>Troy Hospital<br>RPH Towanda Campus | 570-887-4344 | 570-887-6817 | No onsite support. Contact Robert Packer Hospital office. | Attn: Correspondence<br>One Guthrie Square<br>Sayre PA 18840                         |
| Cortland Hospital                                       | 607-756-3685 | 570-887-6878 | 8:00am-4:30pm                                             | Attn: Health Information<br>Management Dept<br>134 Homer Avenue<br>Cortland NY 13045 |
| Robert Packer Hospital                                  | 570-887-4344 | 570-887-6817 | 8:00am-5:00pm                                             | Attn: Correspondence<br>One Guthrie Square<br>Sayre PA 18840                         |
| Guthrie Medical Group<br>(All Clinic Locations)         | 570-887-4361 | 570-887-6853 | 8:00am-5:00pm                                             | Attn: Correspondence<br>One Guthrie Square<br>Sayre PA 18840                         |

Requests not covered by the HIPAA Privacy Rule may incur a fee based on applicable state fee schedule as noted below.

Fee Schedule for Pennsylvania Pages 1-20....... \$1.60/page

Pages 21-60...... \$1.19/page Pages 61-end..... \$ .41/page

Pages 61-end..... \$ .41/page

Fee Schedule for New York Pages 1-end...... \$ .75/page

In addition to the amounts listed, charges may also be assessed for postage. Imaging studies may incur an additional reproduction fee.