

SOUTH PENINSULA HOSPITAL

POLICY #: HW-079
SUBJECT: COPY CHARGES
SCOPE: HOSPITAL-WIDE
APPROVED BY: ADMINISTRATION
APPROVAL DATE: Original: 08-22-1996
Revised: 03-01-2003; 02-12-2008
RESPONSIBLE DEPT. HEALTH INFORMATION MANAGEMENT

POLICY

Requests for copies of records by all persons will be honored after receipt of payment for such copies. Copies must be pertinent to the person making the request and be within reason. The appropriate records receipt will be signed upon release of such records.

PROCEDURE

1. The request must be made in writing and include the appropriate release.
2. It must be established, at the time of the request, whether the copies are to be picked up in person or mailed.
3. Calculation of the fee will be made using the following schedule:

First ten (10) pages	=	\$20.00
Pages thereafter	=	\$.50 each
Postage & Certified Mail fee	=	\$10.00 or cost, whichever is higher
4. A letter will be sent to the person making request that itemizes the charges for the service.
5. Payment in full must be received before copies are made.
6. Copies will be made and the requester will be notified.
7. The copies will then be mailed or released to the entity making request.
8. Records requiring postage will be sent Certified Mail.

SPECIAL CONSIDERATIONS: None

REFERENCES: None