



April 5, 2010

Dear Patient/Parent/Guardian:

Wayzata Children's Clinic will begin charging **current** patients for multiple copy requests of their medical records on April 5, 2010. The following explains our new procedure:

14001 Ridgedale Drive
Suite 100
Minnetonka, MN 55305-1781
952-473-0211
Fax 952-473-7908

4695 Shoreline Dr.
Suite A
Spring Park, MN 55384
952-495-8910
Fax 952-471-2585

3000 Hundertmark Rd.
Chaska, MN 55318
952-448-3847
Fax 952-448-5083

- Requests will continue to be faxed or mailed to specialists for continuing care at **no charge**.
- If a patient is transferring to another clinic, it is our recommendation that we mail copies to the home address for you to use as your personal copy, allowing you to share copies of these records as you desire. This first set will include **immunizations and the most recent two years at no charge** to you; additional clinic notes requested will be invoiced and mailed upon receipt of payment, as allowed by Minnesota State Law.
- Any additional requests submitted at a later date will be invoiced, and records released to you upon receipt of payment.

Any patients who are considered inactive, with charts stored offsite, will be billed directly by Clary Document Management for **any/all** copies requested.

Questions can be answered by calling me directly at 952-259-3125.

Sincerely,

A handwritten signature in cursive script that reads "Julie A. Nelson".

Julie A. Nelson
Medical Records Supervisor
Privacy Officer

Pediatricians

R. Collins Cavender, MD
Joseph E. McHugh, MD
Burton A. Benson Jr., MD
Kelly S. Lemieux, MD
Tracie F. Dodig, MD
Heather L. Bergeson, MD
Carrie A. Muench, MD
Martha R. Engelbrekt, MD
Tracey A. McGuinn, MD
David A. Quale, MD
Rachel N. Otto, MD

Nurse Practitioners

Kelly A. Boie, MS, RN, CPNP
Cynthia J. Hibbs, MA, RN, CPNP
Madalynne H. Ahmann, MSN, RN, CPNP
Anna N. Hoffman, MSN, RN, CPNP

Wayzata Children's Clinic

MEDICAL RECORDS RELEASE FORM

14001 Ridgedale Drive, Suite 100, Minnetonka, MN 55305-1781 952-473-0211 (Fax: 952-473-7908)

3000 Hundertmark Rd, Chaska, MN 55318 952-448-3847 (Fax: 952-448-5083)

4695 Shoreline Dr, Suite A, Spring Park, MN 55384 952-495-8910 (Fax: 952-471-2585)

	Last	First	MI	DOB
Patient Name:				
Patient Name:				

Current Address: _____ **Phone:** _____
(Include street address, city, state & zip code)

Forwarding Address: _____ **Phone:** _____
(Include street address, city, state & zip code)

I AUTHORIZE THE RELEASE OF MEDICAL RECORDS FROM:

Clinic: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax #: _____

MAIL RECORDS TO:

Clinic: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax #: _____

PURPOSE OF REQUEST:

- | | |
|--|---|
| <input type="checkbox"/> Transfer to different clinic because of: | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Out of town move | <input type="checkbox"/> Consultation/ second opinion |
| <input type="checkbox"/> 18 and older | <input type="checkbox"/> Personal or school |
| <input type="checkbox"/> Insurance change | |

SPECIFIC INFORMATION REQUESTED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Clinic notes for the last 2 years
(First copy free of charge) | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> X-Ray Reports |
| <input type="checkbox"/> Additional Clinic Notes (at additional cost) | <input type="checkbox"/> Physical (date: _____) | <input type="checkbox"/> Lab Reports |
| | <input type="checkbox"/> Other _____ | |

Signature of Parent or Guardian (or Patient if 18 or older)

Date

Relationship to Patient

Patients 18 years of age or older are legally required to sign any authorization

Specific authorization is needed by minor patient for information protected by State & Federal Law

- | | |
|---|--|
| <input type="checkbox"/> Substance abuse (drug & alcohol) | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Child Protection / Dept of Health Communication |
| <input type="checkbox"/> Contraception, Pregnancy, Abortion related | |

Signature of minor REQUIRED for areas marked above

Date

I understand that I can revoke this authorization at any time in writing. Revocation will not apply to information already disclosed with this authorization. This authorization is valid for information disclosed for purposes of treatment, payment, and health care operations for one year until revoked. I understand that once information is released pursuant to this authorization, Wayzata Children's Clinic cannot prevent the redisclosure of the information to another third party.