



(Prior to filling out this form see reverse side regarding printing fee information)

### Records Request Confirmation

Date: \_\_\_\_\_

Client name (print): \_\_\_\_\_, DOB: \_\_\_\_\_

Thank you for the opportunity to service your request for the release of medical records. The Oregon Revised Statutes (ORS 192.563) allows a fee to be charged for records reproduction. The following Release of client Information charges will apply. If you wish us to proceed with this request, please **drop off, mail or fax** back this form and indicate by signing and dating the space below that you have been informed of the fees associated with obtaining your records. **Note: Clients ARE NOT pre-approved for requests. All fees must be paid in advanced of processing.** All questions regarding requests may be directed to the attention of the De Paul Records Department at 503-535-1150, x-1119. Due to Federal laws, we will not respond to records requests made by emails.

I hereby acknowledge that I have read and agree to the fees listed within the Oregon Revised Statutes ORS 192.563. Fees are nonrefundable once services are rendered. Payment is due upon receipt of documents and invoice.

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Street/PO Box Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I would like you to provide my request on DVD *(A DVD will NOT be available for requests of 10 pages or less)*

Yes, I would like you to will-call my request (must provide phone number above)

**If you are not currently in treatment you will need to provide ID prior to request)**

I request my records be (check one):

Available for will-call at (circle one): Downtown, NE, Hillsboro

Faxed to (contact name & number): \_\_\_\_\_

Mailed to the following address (contact & address: \_\_\_\_\_)

**This request is for:**

Complete record

A portion of the record, including:

Intake Assessment,  Progress Notes (from individual sessions only),  Transfer Summaries,

Discharge Reports,  UA Results,  Other: \_\_\_\_\_

- I understand I bear responsibility for the consequences of my releasing the record to third parties.
- I understand De Paul staff is available to discuss the record with me, and that De Paul recommends I meet with a counselor to review my clinical record and I have the right to agree or decline.
- I understand I may ask to add something to my record by submitting a written request.

**I have received a copy of my requested records directly from De Paul** *(Do not sign here unless you are picking up at will-call)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DE PAUL COSTS FOR RECORDS REQUESTS

## Things you need to know about requesting records:

The Oregon Revised Statutes (ORS 192.563) allows a fee to be charged for records reproduction. You can expect the following charges for processing your records request:

- There is no charge for 10 pages or less
- **\$30** - There is a fee of \$30 for any order of 11 pages or more. In addition to the \$30 fee (see below)
- **\$0.50 per page** - Pages 11 thru 50 – will cost \$.50 per page
- **\$0.25 per page** - And pages 51 pages and above will cost \$0.25 per page
- **\$6.00 shipping** - Mailing cost of \$6.00
- **You must pay before we will process your records**
- All records requests over 50 pages will automatically be mailed and postage fee applied unless will-call pick-up is requested. You will be notified by telephone when the records are ready for pick up.

**\*A DVD will NOT be available for requests of 10 pages or less.**

### EXAMPLE OF RECORDS REQUEST COSTS

Note: The average size of a client COMPLETE RECORD set is around 150 pages. As an example, based on the costs above a record set of 150 pages would cost **\$96.25**

Total Pages			
unit \$	211	sub total	total pages
\$0.00	10	\$0.00	10 pgs free
\$30.00	1	\$30.00	processing
\$0.50	40	\$20.00	11-50 pgs
\$0.25	161	\$40.25	50 or more
\$6.00	1	\$6.00	shipping
		<b>\$96.25</b>	<b>Fee total</b>

To help in your request, the following are average page counts for the most requested documents. The documentation for each client varies depending on frequency and length of stay. These listings are only an approximation of page counts to assist in your request:

	Average page count
Complete record	150 - 200
Intake Assessment	10 - 25
Progress Notes (individual sessions)	25 - 75
Progress Notes (Group sessions)	25 - 200
Transfer Summaries	2 - 3
Discharge Reports	1 - 2
UA Results	1 - 25

**To continue your records request, complete the 06.07b Records Request Confirmation form located on the opposite side of this form.**