

REQUESTING COPIES OF YOUR MEDICAL RECORD

STEP 1: AUTHORIZATION FOR RELEASE OF RECORDS

The information contained in the patient's medical record is confidential. All requests for release of medical records information must be accompanied by an authorization form and signed by the patient. The form must have an original signature.

[Click here](#) to download a printable version of the Authorization for Release of Records form.

STEP 2: SUBMIT AUTHORIZATION RELEASE FORM

Please mail, fax or hand deliver your Authorization for Release of Records form to:

Harford County Health Department
120 South Hays Street
Bel Air, MD 21014

Telephone: (410) 838-1500
Fax: (410) 420-3435

STEP 3: RECEIVE INVOICE

Fees: Third-Party Payers

Payment is required before medical record information is released. You will be charged:

- Base Charge (to cover supplies and labor): \$22.88
- + Per Page Charge: \$0.76 per page
- +Postage

Fees: Patient

You will be billed the following for an electronic copy of the medical records you requested:

- Base Charge (to cover labor): \$6.50
- +\$0.25 for a CD/DVD or \$3.50 for a USB
- +Postage
- You will be billed \$0.07 per page plus postage for paper copies of the medical records you requested.

When you receive your invoice, please mail or deliver your payment to:

Harford County Health Department
120 South Hays Street
Bel Air, MD 21014

Please make all checks payable to: Harford County Health Department