

DAMIEN FERTILITY PARTNERS
RECORDS RELEASE POLICY

Please be advised that the following is Damien Fertility Partner's policy regarding the release of Medical Records. I (We) am/are requesting a personal copy of the medical record.

Damien Fertility Partners will only release records generated by Damien Fertility Partners. Only written requests will be accepted. All records will be reviewed by Dr. Miguel Damien or Dr. Daniel Kort. Records that are required for immediate medical care will be expedited. Records that are not required for immediate medical care will be sent directly to the requesting patient's home or may be picked up by the patient in our Shrewsbury office. Record requests will be completed within thirty (30) days. All record copy requests are fulfilled by employees of Damien Fertility Partners. Records may be faxed/sent to other physicians who are participating in a patient's care upon direct request from these other physicians' offices and with confirmation by the patient. Patient's personal request of records will be provided for a fee of \$10.00 for up to 10 pages. Additional pages above the initial 10 pages will be provided for a fee of \$ 1.00 per page, up to a maximum of \$ 100.00.

You may request to inspect you medical records. Please contact privacy officer Robert Miller at 732-758-6511 to arrange a mutually convenient time and location for inspection.

A summary or explanation of the requested information can be written by your physician, for an additional fee.

I understand that I do not have the right to access: 1) Psychotherapy notes; 2) Information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and 3) Protected health information that is: (a) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 USC 263A, to the extent the provision of access to you would be prohibited by law; or (b) Exempt form the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

I (We) have read the above-referenced Records Release Policy and except and agree to the terms and conditions stated therein.

Patient's Signature	Patient's Name (please print)	Date
Patient's/Partner's Signature	Patient's/Partner's Name (please print)	Date

****Please fax back to: 732-758-1048****