

RELEASE OF MEDICAL RECORDS FROM FAMILY EYE GROUP

In order for Family Eye Group to release or obtain your records, you are required to complete and sign a Records Release form for each request.

If you are requesting your records for the purpose of transferring care to another physician, or for another physician to review your records, Family Eye Group prefers to send your information directly from our practice to the next. By releasing directly to another office, it allows better communication between the physicians of both practices.

Your signed release form is valid for (1) one calendar year, unless an earlier termination date is stated in writing.

There is **no charge for us to transfer or release your information to another physician whether by fax or mail.

If you are requesting records for your personal use, please be advised that there is a fee associated with releasing the information to you **personally**. A signed release form is required as well.

** Family Eye Group's policy is **\$1.00 per page**.

Please allow 10 business days for completion of request.

Please direct any questions to our medical records department at 717-299-9232 ext 105.

Thank you