

## HOW TO REQUEST MEDICAL RECORDS

**\*\*If your PCP/physician is requesting your medical records from our practice please fill out a release form from that provider's office and please send to our office (see contact information below)\*\***

### **\$\$ Costs for Medical Records \$\$**

#### **Patient requesting for self - \$6.50 (email, paper, CD)**

1. Print the **AUTHORIZATION TO USE AND/OR DISCLOSE MEDICAL RECORDS** form found on the website:

**“For Patients” tab → Patient Forms → Medical Release**

2. Complete, sign and date form (you may include email address at the bottom to receive updated information)
3. Return form to the practice by:

**Fax to:** Attn: Medical Records (727) 528-7895

-or-

**Hand Deliver** to our office

-or-

**Mail to:** Pinellas Medical Associates  
5880 49<sup>th</sup> Street N Ste N-104 St. Petersburg, FL 33709

-or-

**Email (our email is not secure; send at your own risk) to [info@pmafl.net](mailto:info@pmafl.net)**

4. Your request will be processed asap and you will be contacted.
  - ✓ Please allow a max of 7 - 10 Business Days to complete your request. Once the completed release form is received by Pinellas Medical Associates, your request will be processed (*the vast majority of requests will be processed within 2-3 days*).
  - ✓ If you have additional questions concerning **how to submit a request** for medical records, contact Pinellas Medical Associates at the following number **727-528-6100 option 6**.
  - ✓ If you have questions about the **status, payment or access** of a requested medical record, contact:

**CCBS Health**



**Contact Medical Records Customer Service: 813-736-4921**