

## 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.

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

4. Your request will be processed and you will be contacted.
  - ✓ Please allow 7 to 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 the same day we work them*).
  - ✓ 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:



<https://www.scanstat.com/contact-us/>

**866-442-9026 x 1 (status) or x 2 (invoice / billing)**