

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 49th 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

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 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:



CHECK STATUS HERE → <https://www.scanstat.com/check-records-request-status/>

PATIENTS CAN ACCESS THEIR RECORDS ONLINE HERE → <https://www.scanstat.com/patient-record-request/>

CONTACT CUSTOMER SERVICE → 866-442-9026 x 1 (status) or x 2 (invoice / billing) or email customerservice@scanstat.com