

CAC0958



About Diversified

Diversified Medical Records Services is an outside company specializing in managing compliance and correspondence copying for medical facilities nationwide.

The company was founded in 1992, is fully HIPAA compliant, and adheres to all state and federal regulations concerning the release of protected health information (PHI).

Medical Record Fees

The state regulates the rates for copies of medical records and those are updated annually.

Diversified Medical Records Services tries to minimize your costs by offering you electronic options as well as a flat discounted rate.

Have a Question?

If you need further information, please call Diversified Medical Records Customer Service at (800) 359-8520.

Dear Patient:

You recently requested records through our office. There is a fee to process medical records requests. Diversified Medical Records Services processes all requests for copies of medical records.

Your records are available to you with the following options.

Options: Please mark your choice:

- **Option 1: Complimentary Pertinent:** Receive your most recent two years of physician reports and diagnostic testing (labs, radiology, etc...). This is what most requesters need. **Please provide an email address to receive this for free.**
 - **Option 2: Electronic Downloadable Format:** \$9.82 or State rates whichever is less. This is if you would like more than most recent two years of history.
 - **Option 3: Paper:** \$12.14 + \$0.02 Per Page + Postage or State rates whichever is less. Records will be mailed.
- OPTION 2 OR 3 REQUIRE A PAYMENT WITH REQUEST.**

*Email Address:

Instructions:

- Circle or Check Mark your preferred option above.
- Complete the enclosed authorization entirely. If any area is left blank, the form becomes legally invalid per federal law. **Best Practices:** Complete the new authorization provided to ensure HIPAA compliance so that your request can be processed without further delay.
- **Make a check or money order payable to DMRS for \$9.82 or \$12.14 and the difference will either be invoiced or refunded OPTION 2 & 3.**
- Mail your payment, this form, **and** your completed authorization to:

**GENESEE MEDICAL CENTER
7830 CLAIREMONT MESA BOULEVARD, SUITE 100
SAN DIEGO, CA 92111**

~\$9.82 is used as a cost based fee as governed by **45 CFR § 164.524** calculated using the average cost method.~