



Acknowledgement of Medical Record Request Processing Fee

Aunt Martha's Youth Service Center has partnered with HealthPort Technologies, LLC to process and fulfill your request for a copy of your medical record. The regulated fee in the State of **Illinois** is detailed below:

<p>Detail of State Rates:</p> <p>\$0.99 per page for pages 1-25 \$0.66 per page for pages 26-50 \$0.33 per page thereafter \$1.65 per page for microfilm/microfiche Plus actual postage</p> <p>Electronic Copies</p> <p>\$.049 per page for page 1-25 \$0.33 per page for pages 26-50 \$0.16 per page thereafter</p>
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By signing below, I acknowledge that I am aware of the fee that will be billed to me for requesting a copy of my medical record. I agree to pay this fee when services are rendered and I receive an invoice from HealthPort Technologies.

Name: _____ Phone #: _____

Address:

Street	City	State	Zip
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Patient Signature: _____ Date: _____
(or authorized representative)

Email address for electronic delivery request for medical record:

The fee should be remitted to HealthPort Technologies as directed on the HealthPort invoice you receive.

HealthPort Technologies, Inc. Release of Information Processing Center
120 Bluegrass Valley Parkway Alpharetta, GA 30005
Customer Service: 800-367-1500