Arnold Markowitz, M.D.,PC

2112 Cass Lake Road
Keego Harbor, MI 48320
Phone: (248) 681-0360 Fax 248-681-6749
Email: abxdoc79@gmail.com

Authorization for Use of Disclosure of Protected Health Information

I request Arnold Markowtiz, M.D., P.C. to send the protected health information described below to me.

Patient name _____ Date of birth ____/____/____

Address _____

Phone number _____

Please note we cannot copy records received from other doctors. The charge will be according to the amount of copies. There will be a charge for postage to mail them to you. The initial charge is $30 for up to 30 pages, and .75 per page for each subsequent page. For mediums other than paper such as electronically scanning your records, we will charge for our scanner/copier rental costs. If you want your file mailed, the cost of postage must be paid

Please indicate how many years back you want:

_____ Progress notes/office visits _____ years

_____ Medications lists _____ years

_____ Lab tests _____ years

_____ Xrays/EKG reports _____ years

The charge for copying will be **$30** plus **.75** per page, plus postage.

Signature of patient or representative: _____

Printed name of patient or representative and his/her relationship to patient:

_____

Date ____/____/_____

Send to 2112 Cass Lake Road, Keego Harbor MI 48320