



Medical Records Release & Fee Consent (Maine)

Personal Details

First Name * _____

Last Name * _____

Date of Birth * _____

Gender Male Female Unknown

Blood Group _____

Language _____

Race American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity Hispanic or Latino Not Hispanic or Latino

Employment Status Employed Full-Time Student Part-Time Student
 Unemployed Retired

Marital Status Single Married Others

Smoking Status Current every day smoker Current some day smoker Former Smoker
 Smoker current status unknown Never Smoker Unknown if ever smoked

Primary Contact Details

Caregiver First Name _____

Caregiver Last Name _____

Email * _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Fax _____



Bangor-Navigating Wellness Primary Care
50 Columbia Street #11, Suite 62
Bangor, ME - 04401-6331

Primary Phone *

Mobile Phone Home Phone Work Phone

Address Line1 *

Address Line2

City *

Country *

State *

Zip code *

Postbox No

Emergency Contact Name

Emergency Contact Number

Extn

Authorization for Release of Medical Records

I hereby authorize Navigating Wellness Primary Care (or its designated staff/vendor) to release copies of my medical records to me or to the person/entity listed below:

Recipient (if not patient):

Purpose of Request: *

Personal use Transfer of care Insurance
 Legal

I understand that my medical records may include information related to diagnosis, treatment, medications, laboratory results, imaging, and other protected health information as permitted under HIPAA. I am requesting: *

Entire medical record Specific dates or documents

If Specific dates or documents, which ones are you requesting?

Consent to Fees for Copies of Medical Records (Maine Law)



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I acknowledge and consent to reasonable, cost-based fees for copies of my medical records as permitted under Maine law and HIPAA.

I understand that fees may include:

Paper Records

- Up to \$5.00 for the first page
- Up to \$0.45 for each additional page
- Maximum total charge of \$250

Electronic Records

- Reasonable, cost-based fees for labor, supplies, and delivery
- Maximum total charge of \$150

I understand that fees do not include retrieval costs, administrative overhead, EHR system fees, or storage costs.

Payment will be required prior to the release of records.

Preferred delivery method *

I request paper copies

I request electronic copies (portal, email, USB, or other secure method)

Acknowledgment

I understand that I have the right to inspect my medical records at no charge. I also understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

This authorization will remain valid for 12 months from the date signed unless otherwise revoked.

PATIENT SIGNATURE *

Date: *

Legal Representative (if applicable)

Relationship to Patient

Legal Representative Documentation Requirement



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Patients 18 Years of Age or Older

Navigating Wellness Primary Care is committed to protecting patient privacy and complying with state and federal law, including HIPAA. Once a patient reaches 18 years of age, they are considered a legal adult and have sole authority over their healthcare decisions unless legal documentation states otherwise.

When a Legal Representative Is Required

- A legal representative may act on behalf of an adult patient only when one or more of the following applies:
- The patient has a court-appointed guardian or conservator
- The patient has an activated Power of Attorney (POA) for Healthcare
- The patient has a Healthcare Proxy / Advance Directive that is currently in effect
- The patient lacks decision-making capacity and legal authority has been formally assigned

Verbal consent alone is not sufficient to establish legal authority.