

The Bonnet Healing Center PC / Philip L. Bonnet MD PC

As a reminder you have previously received copies of your record including treatment sheet, labs, reports and consults. We are providing you 2-3 years of your medical record , depending on your last date of service. I understand that it is my responsibility to forward these records to any current or future provider that may need them. Should you require additional copies or years they can be obtained from the medical records storage facility **DocuSafe Records Management**, for 7 years from your last date of service. They will have their own fees for copying your records in compliance with the state mandated fee schedule.

We apologize for any inconvenience, but due to the quantity of record requests, limited staff, time and resources The Bonnet Healing Center is unable to make multiple copies.

_____ I acknowledge that I have received a copy of my medical records.

_____ I have chosen not to pick up my records in person as recommended. I have requested my records be shipped at my expense. I acknowledge that The Bonnet Healing Center PC / Philip L. Bonnet MD PC is released of all liability once the records leave their possession. If they are not delivered for any reason, you will need to wait and request an additional copy from **DocuSafe** Records Management.

(Print Neatly)

Shipping address for records: _____

(No P.O. Boxes)

Print name

DOB

Signature

Date