

Dear Valued Patient:

Thank you for your request for information from your medical record. We appreciate the opportunity to service your *Release of Information* medical record request. As you can hopefully understand, the cost for the reproduction of medical record requests is quite extensive. In addition, we are bound by HIPAA (Federal Privacy Act) to track and report each request. Therefore, in order to fulfill your request, we must ask for an upfront fee according to Michigan State Law (see below). This fee is geared to off-set the rising costs associated with the copying, tracking and reporting processes surrounding your request.

Michigan Pain Consultants, PC is capping the fee at \$ 25.00 for a five-year abstract of your record. If you want more than the five years of information, the fee is capped at \$ 50.00. At no time will your charges exceed the allowable Michigan statute. The fee for completion of request forms for FMLA or Disability Programs is \$25.00 per request.

Your request will be fulfilled upon receipt of your payment. Please send payment, either by check or credit card (no debit cards) along with this form, to:

BACTES Imaging Solutions
P.O. Box 82322
Rochester MI 48508-2322

Please include the Patient Name: _____ and a phone number where you can be reached during the day: _____. If you pay by Credit Card, include the following information. *NOTE: We accept VISA, MasterCard, Discover, and American Express.*

<p>Card Holder Name: _____ Exp Date: _____</p> <p>Card Number: _____ (*)Security Code: _____</p> <p>Zip Code of Cardholder: _____ Signature: _____</p> <p>(*) Security Code is the three digit code on the back of your credit card (listed after the CC number) for Discover, MasterCard and VISA & a four digit code on the front for AMEX.</p>
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Should you have any questions regarding the fee, please contact Bactes at 248-390-2376. Thank you again for your confidence in Michigan Pain Consultants, PC

Sincerely,

Michigan Pain Consultants, PC
Medical Records Department

<p align="center">TIPS FOR TIMELY PROCESSING</p> <p>Complete the "Authorization For Use or Disclosure of Protected Health Information" entirely.</p> <p>For Disability Program and FMLA requests, be sure to indicate:</p> <ul style="list-style-type: none">• The beginning and end dates for the disability/leave• The reason creating the need for leave/disability• The type of FMLA absence requested

<p align="center"><u>GENERAL LAWS OF MICHIGAN</u></p> <p align="center">Subsection 1 and Subsection 6 of Section 9 of Public Act 47 of 2004 (MCL § 333.26269)</p>
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