



## Request for Medical Records and Forms Completion Protocol

In order to comply with the HIPAA regulations regarding protected health information, Midwest Orthopaedic Center contracts services from RRS Medical (formerly Quest HIMS) to complete all requests for medical records, X-ray or MRI images and FMLA and disability forms completion. This provides a centralized location for all requests and assures full compliance of the HIPAA regulations.

Please note that all requests for records, images or forms completion require a written release of information to be completed and signed by the patient or patient guardian for minors. This release form is utilized by RRS Medical to direct the requested items to the appropriate person(s). Midwest Orthopaedic Center's release of information form (MOC 535 or MOC 365) is available at the practice or the website at [www.midwest-ortho.com](http://www.midwest-ortho.com). Many short-and longterm disability forms and FMLA forms have their own release form. Please note: Records, Images and Forms will not be available for pick up in the MOC offices. These are distributed from the RRS Medical offices only.

### Requesting your medical records and/or radiology images or forms to be completed:

- Complete the MOC 535 Authorization to Release Healthcare Information for Records Requests and MOC 365 for Forms. Please include an **EMAIL** this is the fastest way to receive your information and provide payment.
- Be sure to include complete information about where the records/images/forms are to be released.
- Records/Forms can be sent via Mail, Fax or thru a secure electronic portal utilizing email. Images, due to file size, can only sent on a CD via the mail.
- Request only those records that you need for the purpose of the request. Typically, the chart abstract is enough for most needs. If you only need a specific date of service or type of report, indicate at Other.
- Records sent directly to another healthcare provider are sent at no charge. If you request your records sent to yourself or another non-healthcare provider there is a charge, set by the state of IL as listed below.
- Form fees are charged to the patient directly. Be sure to **sign and date the authorization**. Unsigned release forms are not valid. The authorization is valid for 90 days unless you specify a different timeframe.

Medical Records, Imaging and Forms Charges	
<u>Patient</u>	<u>Non-Healthcare provider</u> (subject to change by state of Illinois)
<b>Medical Records</b> \$6.50 plus postage if applicable	\$29.09 handling charge \$1.09 per page for pages 1-25 \$0.73 per page for pages 26-50 \$0.36 per page for pages 51+ Postage if applicable
<b>Radiology Images on a CD</b> \$6.50 plus postage	\$20.00 plus postage
<b>Forms Completion:</b> Initial FMLA or Disability Form -\$30.00 Updated Disability forms \$5.00 each <b>All forms fees must be paid to RRS medical before any form will be released.</b>	

All inquiries/ questions on status of Records, Imaging or Forms should be made directly to:  
RRS Medical at the information below:

**Phone toll free: 320-373-0007 or 618-355-9550**  
**[swansea-info@rrsmedical.com](mailto:swansea-info@rrsmedical.com)**

# Midwest Orthopaedic Center, SC

## Completion of Forms Request



MIDWEST  
ORTHOPAEDIC  
CENTER

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Account Number: \_\_\_\_\_ MOC Physician: \_\_\_\_\_

**Please complete all fields in order to assure your forms are completed and returned in a timely manner.**

Type of Form:       FMLA       ST/LT Disability       Other: \_\_\_\_\_

**Patient contact information: For payment and questions: RRS medical will call or email billing and any questions related to completion or release of forms. Please add info@rrsmedical.com to your safe sender in your email.**

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Return Form to:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Fax Number:** ( \_\_\_\_\_ ) \_\_\_\_\_      **Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Patient via secure portal:** Email for Link: \_\_\_\_\_

### Release of Information:

I request and authorize Midwest Orthopaedic Center of its agent, RRS Medical, to release healthcare information of the patient named above for the purpose of completing FMLA forms and/or disability claims. I understand that information that may be released includes office notes, radiology reports, special studies, procedure/operative notes, lab results, as well as applicable hospital records related to my claim. This information is not expected to contain information related to behavior health, substance abuse, sexual assault, developmental disability, AIDS/HIV and child abuse, unless a specific request to exclude those is signed. I understand that: 1) I must revoke my authorization in writing and must do so in writing, b) If I revoke my authorization, it will not affect any actions already taken by Midwest Orthopaedic Center based on this authorization. Once Midwest Orthopaedic Center or its agent, has disclosed health information, the recipient may re-disclose it in some situations. Privacy laws may no longer protect the information.

This authorization expires 90 days from the date signed or on this specified date: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or patients authorized representative.

Relationship to patient, if not patient:  Parent/Guardian  POA  Other: \_\_\_\_\_

6000 N. Allen Road, Peoria, Illinois 61614 309-691-1400 fax 309-693-3175  
2351 Broadway, Pekin, Illinois 61554 309 353-4159 fax 309-693-3197