



About Diversified

Diversified Medical Records Services is an outside company specializing in managing compliance and correspondence copying for medical facilities nationwide.

The company was founded in 1992, is fully HIPAA compliant, and adheres to all state and federal regulations concerning the release of protected health information (PHI).

Medical Record Fees

The state regulates the rates for copies of medical records and those are updated annually.

Diversified Medical Records Services tries to minimize your costs by offering you electronic options as well as a flat discounted rate.

Have a Question?

If you need further information, please call Diversified Medical Records Customer Service at (800) 359-8520.

Dear Patient:

City of Hope contracts with Diversified Medical Records Services to process medical record requests. A 'Pertinent Package' is available free of charge and contains information about your most recent encounter. There is a fee to process large medical records requests as specified below.

Instructions:

- Complete the enclosed authorization entirely. If any area is left blank, the form becomes legally invalid per federal law. If you already have a completed authorization, double check that it is complete, signed, and dated. Also make sure it has not expired.

Best Practices: Complete the new authorization provided to ensure HIPAA compliance so that your request can be processed without further delay.

- Make a check or money order payable to City of Hope for the appropriate amount.

Options: Please circle your choice:

- 1. Complimentary Pertinent Package:** A complimentary package of your most recent encounter will be provided at no cost. This will contain everything most physicians will need.
- 2. Entire Chart** (please allow 2-3 days to process):
 - **Rate:** \$0.25 per page to a maximum of \$100.
 - **Down Payment:** Please pay a down payment of \$15.00.
 - **Remaining Balance:** An invoice for the remaining balance will be sent to you. Once that is paid, the records will be mailed or available for pickup.
- 3. Digital Copy:** Records copied onto a USB Thumb Drive will be \$5.00 in addition to the above fees.

E-mail address for electronic invoice:

Mail **both** your payment **and** your completed authorization form to:

City of Hope National Medical Center
Health Information Management Services
Medical Record Correspondence Desk
1500 East Duarte Road, Duarte, California 91010-3000

Request will not be processed without pre-payment

What to Expect When Requesting Medical Records

U.S. and California legislation has been enacted to protect you, the consumer, against those who would fraudulently use your personal information including personal health information contained in your medical records.

Every medical provider has unique processes and procedures in handling the release of information. At City of Hope, we provide a standard set of records and medical information when responding to requests for information which adhere to the strict guidelines mandated by your Federal and State government.

The medical information provided to you documents the care given to you during your treatment and stay at City of Hope. What follows is a summary of the information categories with a brief explanation of what City of Hope provides when fulfilling medical record requests.

IMPORTANT NOTE:

Please be aware that City of Hope, by law, can only release information that you have specifically requested and authorized in the City of Hope Access or Authorization Form, nothing more. If no specific direction is given, City of Hope will provide the last year of pertinent information as defined below.

WHAT IS PROVIDED

- **Discharge Summary:** A clinical report prepared by a physician at the conclusion of a hospital stay. It outlines the patient's chief complaint, the diagnostic findings, the therapy administered and the patient's response and recommendations on discharge.
- **Clinic Notes:** A method of documentation employed by health care providers to write out notes in a patient's chart. At City of Hope, these are dictated.
- **History & Physical (H&P):** A report which documents relevant information regarding the patient's current health condition. Information includes responses to personal and family medical histories and organ system examinations in sufficient detail to manage the patient's present condition.
- **Consultation:** A report documenting the diagnosis, prognosis and treatment of the patient's case.
- **Lab:** All laboratory reports performed during the patient's stay.
- **Radiology:** All radiology reports (CT Scans, MRIs, Ultrasounds, X-rays, and Nuclear Medicine Studies).
- **Radiation Oncology:** All Radiation Oncology studies, consultations and clinic notes.
- **Diagnostic Studies:** EKG's, echocardiograms and reports dealing with the heart (dictated reports only).
- **Surgery / Pathology:** Operative reports which document all aspects of surgery and the findings of any specimens removed and sent for diagnosis.
- **Flowsheets:** Treatment sheets documenting patient chemotherapy or infusion therapy procedures.



Credit Card Authorization Form

Card Information

Card Type (Circle One): **VISA** 

Cardholder Name: _____ Exp Date: _____

Card Number: _____ - _____ - _____ CVV: _____

Billing Address: _____ Zip: _____

Customer Contact Information

Contact Name: _____

Telephone: _____ Fax: _____

Email: _____

Invoices Paid

DMRS Req. #	Patient Name	Customer Ref #	Amount Paid
			\$
			\$
			\$
			\$
			\$

Amount to Charge: \$ _____

FOR INTERNAL USE ONLY

Date: _____
Received By: _____

PO Box 239003
 Encinitas, CA 92023-9003
 Telephone: (949) 240-6242 | Fax (949) 489-7903