

Dear Patient:

Thank you for contacting **GI Associates & Endoscopy Center** Medical Records Department. To better serve you with your request for medical records, **GI Associates & Endoscopy Center** has partnered with Sharecare Health Data Services.

Sharecare Health Data Services will fulfill your request for records in a safe, secure, and timely manner. Pursuant to HIPAA 45 CFR, 164.524, you will be charged a reasonable cost-based fee for producing and delivering the requested records.

In order to receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have *specific* instructions included as to **what** records you are requesting and **where** you are requesting they be sent. You also have a choice of **how** you would like to have your records delivered. For records to be delivered directly to you, please choose mail or email. For records to be delivered to another doctor, please choose fax or mail. Please select only one option. *The fax delivery option may only be used for records going to a doctor.* ***Please mail/fax/drop-off the completed Authorization form to GI Associates & Endoscopy Center.***

After you submit your request, you will receive notification from Sharecare Health Data Services regarding payment options. Once payment is received, records will be delivered to you.

**For Records being sent to Another Health Care Provider**

Please provide as much contact information for your other Doctor, including the address, phone & fax. **There is no charge for records delivered to another healthcare provider for ongoing treatment purposes.**

You can contact a Sharecare Health Data Services representative at any time by calling

**877-391-9890.**

Thank you,

Medical Records Supervisor  
**GI Associates & Endoscopy Center**