

Medical Record Request Policy

If your child is transferring in to our practice, we cannot book an appointment without receiving their full medical record.

If your child is transferring out of the practice and you would like to request their records, you must complete the following steps:

1. Fill out a medical records request form. Please request this form from out front desk staff or [LINK](#).
2. Sign the form and return it to our front desk in person or US mail (5 Water St Arlington, MA 02476). We need the patient, parent, or legal guardian's original signature on file in order to release any medical records.

After the request has been submitted to us, please allow 30 days for medical records to be processed. Please note that we charge a fee for expedited records transferal.

Medical Records can be released in two different ways:

1. If your child already has a new doctor, please provide us their name, address, phone number, and fax number, and an electronic copy of your child's medical record will be sent directly to the physician's office as a courtesy free of charge.
2. All medical records released electronically, (on a thumb drive), will incur a \$25 fee.

Expedited requests, to be completed in less than 30 days, will incur a \$50 fee.

This policy is in accordance with HIPAA (45CFR,164.524) or Massachusetts Law MGL Chapter 111; Section 70).