

Affiliates in Obstetrics and Gynecology, P.A. ("AOG")

111 State Route 31, Suite 121

Flemington, NJ 08822

908-782-2825

Fax record release to 908-782-0196 or email to: office@whchc.com

Per NJ State Law The reproduction of records shall be no greater than \$1.00 per page or \$100.00 for the entire record, whichever is less. If they are no more than 10 pages the doctor may charge \$10.00

"AOG" fees for reproduction of records are as follows:

20 pages or less \$10.00; 21-40 pages \$20.00; 41-60 pages \$30.00;

61-80 pages \$40.00; 81-100 pages \$50.00

Payment for records is due before the records will be release. AOG will notify you with the fee amount. Records will be available in 7-14 days after payment. Records requested after August 31, 2023 may take up to 30 days to process.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

I hereby request that AOG provide : _____
(Myself or Physician name)

With my medical records.

() I am interested in obtaining the requested information relating to the time period from _____ to _____.

() I am interested in obtaining my full medical chart
I would prefer to:

() pick up my records (will be notified when done)

() have my records mailed to : _____

Disclosure: I understand that the information that may disclosed includes diagnosis, prognosis and treatment for physical/mental illness. I understand that AIDS/HIV related, genetic and venereal disease information may be disclosed. If I am a parent or guardian requesting access to medical records of a child, I understand that, pursuant to law, certain records may not be available to me.

I understand that AOG may deny this request under limited circumstances as provided under New Jersey law and federal regulations governing the protection of personally identifiable health information. I understand that I have the right to have a denial of my request reviewed by a licensed health care provider selected by AOG who did not participate in AOG's initial decision to deny my request.

Signature of Patient or Personal Representative

Date